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Security Council

Fifty-fifth Year

Provisional

4087th Meeting
Monday, 10 January 2000, 10 a.m.
New York

President:	Mr. Gore	(United States of America)
Members:	Argentina	Mr. Listre
	Bangladesh	Mr. Chowdhury
	Canada	Mr. Duval
	China	Mr. Qin Huasun
	France	Mr. Dejammet
	Jamaica	Miss Durrant
	Malaysia	Mr. Hasmy
	Mali	Mr. Ouane
	Namibia	Dr. Amathila
	Netherlands	Mr. van Walsum
	Russian Federation	Mr. Gatilov
	Tunisia	Mr. Mustapha
	Ukraine	Mr. Yel'chenko
	United Kingdom of Great Britain and Northern Ireland	Sir Jeremy Greenstock

Agenda

The situation in Africa

The impact of AIDS on peace and security in Africa

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The meeting was called to order at 10.30 a.m.

Adoption of the agenda

The agenda was adopted.

The situation in Africa

The impact of AIDS on peace and security in Africa

The President: I should like to inform the Council that I have received letters from the representatives of Algeria, Australia, Brazil, Bulgaria, Cape Verde, Croatia, Cuba, Cyprus, the Democratic Republic of the Congo, Djibouti, Ethiopia, Indonesia, Italy, Japan, the Libyan Arab Jamahiriya, Mongolia, New Zealand, Nigeria, Norway, Portugal, the Republic of Korea, Senegal, South Africa, Uganda, Zambia and Zimbabwe, in which they request to be invited to participate in the discussion of the item on the Council's agenda. In accordance with the usual practice, I propose, with the consent of the Council, to invite those representatives to participate in the discussion without the right to vote, in accordance with the relevant provisions of the Charter and rule 37 of the Council's provisional rules of procedure.

There being no objection, it is so decided.

At the invitation of the President, Mr. Baali (Algeria), Ms. Wensley (Australia), Mr. Fonseca (Brazil), Mr. Sotirov (Bulgaria), Mr. Leao Monteiro (Cape Verde), Mr. Šimonović (Croatia), Mr. Rodríguez Parrilla (Cuba), Mr. Zackheos (Cyprus), Mr. Ileka (Democratic Republic of the Congo), Mr. Olhaye (Djibouti), Mr. Mohammed (Ethiopia), Mr. Wibisono (Indonesia), Mr. Vento (Italy), Mr. Satoh (Japan), Mr. Dorda (Libyan Arab Jamahiriya), Mr. Enkhsaikhan (Mongolia), Mr. Powles (New Zealand), Mr. Mbanefo (Nigeria), Mr. Honningstad (Norway), Mr. Brito (Portugal), Mr. Lee See-young (Republic of Korea), Mr. Ka (Senegal), Mr. Kumalo (South Africa), Dr. Kiyonga (Uganda), Mr. Kasanda (Zambia) and Dr. Stamps (Zimbabwe) took the seats reserved for them at the side of the Council Chamber.

The President: In accordance with the understanding reached in the Council's prior consultations, and in the absence of objection, I shall take it that the Security Council agrees to extend an invitation under rule 39 of its provisional rules of procedure to Mr. James Wolfensohn, President of the World Bank; Mr. Mark Malloch Brown, Administrator of the United Nations Development Programme; and Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS.

There being no objection, it is so decided.

I welcome Mr. Wolfensohn, Mr. Malloch Brown and Dr. Piot, and invite them to take a seat at the Council table.

Let me thank the members of the Council for the honour of presiding over it, and for their willingness to greet the dawn of this new millennium by exploring a brand-new definition of world security. Today marks the first time, after more than 4,000 meetings stretching back over more than half a century, that the Security Council will discuss a health issue as a security threat. We tend to think of a threat to security in terms of war and peace. Yet no one can doubt that the havoc wreaked and the toll exacted by HIV/AIDS do threaten our security. The heart of the security agenda is protecting lives, and we now know that the number of people who will die of AIDS in the first decade of the twenty-first century will rival the number that died in all of the wars in all of the decades of the twentieth century.

When 10 people in sub-Saharan Africa are infected every minute; when 11 million children have already become AIDS orphans, and many must be raised by other children; when a single disease threatens everything from economic strength to peacekeeping, we clearly face a security threat of the greatest magnitude. This historic meeting not only recognizes the real and present danger to world security posed by the AIDS pandemic — which I will discuss in further detail during my remarks as head of the United States delegation — but also begins a month-long focus by this Council on the special challenges confronting the continent of Africa.

The powerful fact that we begin here today by concentrating on AIDS has a still larger significance: it sets a precedent for Security Council concern and action on a broader security agenda. By the power of example, this meeting demands of us that we see security through a new and wider prism and, forever after, think about it according to a new and more expansive definition.

For the past half century, the Security Council has dealt with the classic security agenda built upon common efforts to resist aggression and to stop armed conflict. We have witnessed wars among nations, and violence on the scale of war within nations, for many reasons:

because of claims of religious or racial superiority; because of lust for power, disguised as ideology or rationalized as geo-strategic doctrine; because of a sense that a small place or a larger region, or even the whole world itself, was too small to allow for the survival and prosperity of all, unless the powerful could dominate the weak; because of the tendency of too many to see themselves solely as separate groups, celebrating and defending their exclusivity by demonizing and dehumanizing others; and because of poverty, which causes the collapse of hopes and expectations and the coming apart of society, and makes people first desperate, and then freshly open to evil leadership.

But while the old threats still face our global community, there are new things under the sun — new forces arising that now, or soon will, challenge international order, raising issues of peace and war. As our world enters the year 2000, it is not the change in our calendar that matters. What matters is that in this symbolic transition from old to new, we find one of those precious few moments in all of human history when we have a chance to become the change we wish to see in the world, by seeking a common agreement to openly recognize a powerful new truth that has been growing just beneath the surface of every human heart. It is time to change the nature of the way we live together on this planet.

From this new vantage point, we must forge and follow a new agenda for world security, an agenda that includes the global environmental challenge, which could render all our other progress meaningless unless we deal with it successfully; the global challenge of defeating drugs and corruption, which now spill across our borders; the global challenge of terror, magnified by the availability of new weapons of mass destruction so small they can be concealed in a coat pocket; the new pandemics laying waste to whole societies; and the emergence of new strains of old diseases that are horrifyingly resistant to the antibiotics that protected the past three generations.

Our new security agenda should be pursued with determination, adequate resources and creative use of the new tools at the world's disposal that can be used to bring us together in successful common efforts — tools such as the Internet and the emerging global information infrastructure which, if used imaginatively, will enable new depths of insight and cooperation by nations, non-governmental organizations and citizens at all levels. Our task is not merely to recognize and confront these challenges, but to rise to our higher ideals and work together to make our brightest dreams real in the lives of our children.

In order to succeed, I believe — along with growing billions around this planet — that we must create a world where people's faith in their own capacity for self-governance unlocks their human potential and justifies their growing belief that all can share in an ever-widening circle of human dignity and self-sufficiency; a world of freedom and free markets; a world where the free flow of ideas and information, and freer access to education, sustain fundamental freedoms; a world in which parents are free to choose the size of their families with the confidence that the children they bring into this world will survive to become healthy adults, with economic opportunity in prosperous and peaceful communities; a world where we educate girls as well as boys and secure the rights of women everywhere as full members of the human family.

All this and more constitutes the great global challenge of our time: to create and strengthen a sense of solidarity as we seek a newer world of security for all — security not only from loss of life and the ravages of war, but security from constant fear and degradation, and from a loss of the quality of life and liberty of spirit that should belong to all.

If we are to succeed in addressing this new security agenda, we must recognize that because of our rapid growth in population and the historically unprecedented power of the new technologies at our widespread disposal, mistakes which once were tolerable can now have consequences that are multiplied manyfold. For example, for almost all of recorded history, people could do whatever they wished to their environment, and do little to harm it permanently. People could wage war in the world, and do nothing to destroy it. But now, threats that were once local can have consequences that are regional or global; damage once temporary can now become chronic and catastrophic.

As a world community, we must prove to our citizens that we are wise enough to control what we have been smart enough to create. We must understand that the old conception of global security — with its focus almost exclusively on armies, ideologies and geopolitics — has to be enlarged. We need to show that we not only can contain aggression, prevent war and mediate conflicts, but that we can also work together to anticipate and respond to a new century, with its new global imperatives.

The human mind — our ingenuity, our dreaming, our restless quest to do better — created this moment. Now the human heart, coupled with the human will — not of one individual, not of one nation or group of nations, but the collective will of truly united nations — must master this moment. We must bend it in the direction of life, not death; justice, not oppression; opportunity, not deprivation — a new security for the new world we now inhabit. The future is not something that we merely try to predict. The future is something that we make for ourselves, together. It is up to us to move forward — with faith in our principles, our foresight and our common humanity.

The Spanish poet Antonio Machado once said,

> "Pathwalker, there is no path; we create the path as we walk".

There is great hope in this pathmaking meeting. It is an honour to open it. And my hope is that the first days and years of the millennium, and all those that follow, will be guided by the vision that marks this first meeting. We live in a new tine. We face new and larger responsibilities. Meet them we can, and meet them we must — for the new threats to humanity are as grave as war itself, and the new hopes we have are as precious as peace.

The Security Council will now begin its consideration of the item on its agenda. The Council is meeting in accordance with the understanding reached in its prior consultations.

It is my personal honour to call on the Secretary-General of the United Nations, who has given so much to the cause of peace and security, Mr. Kofi Annan.

The Secretary-General: Thank you, Mr. Vice-President; or perhaps I should say Mr. President — of the Security Council.

The President: I am working on it!

The Secretary-General: Let me thank you, Mr. President, for your thoughtful statement. Your presence here today is a promising start indeed to the New Year and welcome evidence of your country's commitment to the United Nations.

As we open this new millennium, many of us have much to be thankful for. Most of the world is at peace. Most of us are better educated than our parents or grandparents. We can expect to live longer lives, with greater freedom and a wider range of choices. But we also face new challenges, or old ones in new and alarming forms. For instance, environmental degradation, ethnic conflicts, bad or inadequate governance, widespread violations of human rights, illiteracy and ill health, the growing problem of inequality both within and between nations, and, above all, the exclusion of too many of the world's people from the benefits of globalization, whereby nearly half the human race is condemned to remain in lingering, stubborn poverty.

No part of the world is exempt from these problems. But Africa, it seems, has more than its share. Of the 48 least developed countries in the world today, 33 are in Africa. Out of two dozen or more conflicts raging around the world, roughly half are in Africa. Fifteen sub-Saharan African countries are currently faced with exceptional food emergencies. In the Democratic Republic of the Congo alone, the food supplies of 10 million people are threatened by civil strife. And out of 11 million orphans left so far by the global AIDS epidemic, 90 per cent are African children.

Those figures speak for themselves. They amply justify your country's decision to make this first month of a new era a month of Africa in the Security Council, just as the Organization of African Unity has declared this year the Year of Peace, Security and Solidarity in Africa. It is good that Africans are taking the lead, because the inspiration for genuine and viable peace must spring from within the peoples that are in conflict, and especially from their leaders.

Many parts of the continent are making impressive progress. There is no need to give way to Afro-pessimism. On the contrary, there could be no better moment for the international community to rally to Africa's support. And within its month of Africa, it is entirely appropriate that the Council should be devoting its first session to the problem of AIDS. Some may say that such a topic should be left to other United Nations bodies. I believe, however, that the Council would not do itself justice if it held a month of Africa without discussing what Ambassador Holbrooke has called the number one problem facing Africa today.

Not that AIDS is a purely African problem. There are many countries outside Africa, especially in Asia and Eastern Europe, where it is spreading at an alarming rate. But nowhere else has AIDS yet become a threat to economic, social and political stability on the scale that it now is in southern and eastern Africa. The impact of AIDS in that region is no less destructive than that of warfare itself. Indeed, by some measures it is far worse. Last year, AIDS killed about 10 times more people in Africa than did armed conflict.

By overwhelming the continent's health services, by creating millions of orphans and by decimating health workers and teachers, AIDS is causing social and economic crises, which in turn threaten political stability. It also threatens good governance through high death rates among the elites, both public and private.

In already unstable societies, this cocktail of disasters is a sure recipe for more conflict, and conflict in turn provides fertile ground for further infections. The breakdown of health and education services, the obstruction of humanitarian assistance, the displacement of whole populations: all these ensure that the epidemic spreads further and faster on the continent.

In short, HIV/AIDS is not only an African problem. It is global and must be recognized as such. But within that international obligation the fight against AIDS in Africa is an immediate priority which must be part and parcel of our work for peace and security in that continent.

As most African Governments have now understood, the first battle to be won in the war against AIDS is the battle to smash the wall of silence and stigma surrounding it.

A month ago, here at United Nations Headquarters, we held the first high-level meeting of African Governments and United Nations agencies directly involved in the fight against AIDS, along with donor Governments, private corporations and non-governmental organizations. I called on them to formulate, by next May, a response commensurate with the scale of the crisis, and I spelled out the specific responsibility of each partner in the struggle.

It now gives me great pleasure to welcome this Council as an additional partner. Its role, I suggest, must be to prevent conflict from contributing to the spread of AIDS and from impeding the efforts that other partners are making to control it.

Later in this meeting the Council will be hearing more about the economic and social as well as the more strictly health-related aspects of the epidemic from my colleagues Mr. Jim Wolfensohn, Mr. Malloch Brown and Peter Piot. I believe their contributions — alongside your own, Mr. President, and those of other Members — will help make it clear to the whole world that the United Nations system, in all its parts, is giving Africa's problems the attention they need and which Africans deserve.

The President: I thank the Secretary-General for his statement and for the kind words he addressed to me.

I shall now make a statement in my capacity as the representative of the United States.

I would like to begin with these words: HIV/AIDS is not someone else's problem. It is my problem; it is your problem. By allowing it to spread, we face the danger that our youth will not reach adulthood. Their education will be wasted, the economy will shrink, there will be a large number of sick people whom the health system will not be able to maintain.

These are not my words. They were not uttered in the United States or the United Nations. They were spoken by my friend President Thabo Mbeki of South Africa as he declared South Africa's partnership against AIDS more than a year ago. The same words should be spoken out not only in South Africa, not only in Africa, but all across the earth. In Africa the scale of the crisis may be greater, the infrastructure weaker and the people poorer, but the threat is real for every people and every nation, everywhere on Earth.

No border can keep AIDS out. It cuts across all the lines that divide us. We owe ourselves and each other the utmost commitment to act against AIDS on a global scale, and especially where the scourge is greatest. AIDS is a global aggressor that must be defeated.

As we enter this new millennium, Africa has entered the first frontier of momentous progress. Over the past decade a rising wave of African nations has moved from dictatorship to democracy, embraced economic reform, opened markets, privatized enterprises, stabilized currency. More than half the nations of Africa now elect their own leaders — nearly four times the number 10 years ago. Economic growth in sub-Saharan Africa has tripled, creating prospects for a higher quality of life across the continent.

Tragically, this historic progress is imperiled just as it is taking hold — imperiled by the spread of AIDS, which now grips 20 million Africans. Fourteen million have already died, one quarter of them children. Each day in Africa 11,000 more men, women and children become HIV-positive, more than half of them under the age of 25.

For the nations of sub-Saharan Africa, AIDS is not just a humanitarian crisis. It is a security crisis, because it threatens not only individual citizens but the institutions that define and defend the character of a society. This disease weakens workforces and saps economic strength. AIDS strikes at teachers and denies education to their students. It strikes at the military and subverts the forces of order and peacekeeping.

The United States is profoundly moved by the toll AIDS is now taking in Africa. At the same time, we know that our own country has not achieved as much as we should or must in our own battle against AIDS. I am pleased that our Surgeon General, Dr. David Satcher, is here with me today. His recent report tells us that we have not overcome the ignorance and indifference that lead to infection. We must continue to study the success of others while we seek to share with others whatever progress we have made.

As Vice-President, I have journeyed four times to sub-Saharan Africa. I asked Dr. Satcher to accompany me on one such trip. I have taken along top health officials, AIDS specialists, corporate leaders and physicians. We have spent long hours with African leaders, heard their ideas and discussed their difficulties with the fateful crisis of AIDS. It is inspiring to see so many in Africa — not only leaders but health-care workers and community workers, mothers and fathers and countless ordinary citizens — fighting to save the lives of the people they love.

Ten years ago, Uganda was suffering the world's highest infection rate. Today, because the whole nation has mobilized to end stigma, urge prevention and change behaviour, Uganda is now recording dramatic drops in the infection rate. Uganda, which used to be proof of the problem, is now powerful proof that we can turn the tide against AIDS.

We know that the first line of defence against this disease is prevention, and prevention depends on breaking down the barriers against discussing the extent and risks of AIDS. That is one purpose of this historic Security Council meeting. Today, in sight of all the world, we are putting the AIDS crisis at the top of the world's security agenda. We must talk about AIDS not in whispers, not in private meetings alone, in tones of secrecy and shame. We must face the threat as we are facing it right here, in one of the great forums of this earth, openly and boldly, with urgency and compassion. Until we end the stigma of AIDS, we will never end the disease of AIDS. Let us begin by resolving to end the stigma associated with AIDS.

We also must do much more to provide basic care and treatment to the growing number of people who, thank God, are living instead of dying with HIV and AIDS. This requires affordable medicine, but also more than medicine. It requires that we train doctors, nurses and home-care workers, that we develop clinics and community-based organizations to deliver care to those who need it.

Today fewer than 5 per cent of those living with AIDS in Africa have access to even basic care. We know we can prolong life, reduce suffering and allow mothers with AIDS to live longer with their children if we offer treatment for opportunistic infections such as tuberculosis and malaria.

Our ultimate goal, our best hope, is to prevent AIDS by vaccination, and we are committed to the maximum possible research. But we need to do more to harness the talent and the power of the private sector.

In September, in his speech to the General Assembly, President Clinton said it was wrong that only 2 per cent of all biomedical research was directed to the major killer diseases in the developing world. He pledged America to a new effort to speed the development and delivery of vaccines for AIDS, malaria, tuberculosis and other illnesses that disproportionately afflict the poorest nations. This three-part strategy of prevention, treatment and research is the right fight, and the United States has contributed more than $1 billion to wage it worldwide, more than half of that for sub-Saharan Africa. But we must do more.

Last year I announced the largest ever increase in the United States commitment to international AIDS programmes: $100 million to fight AIDS in Africa, India, Eastern Europe and other areas. Today I announce America's decision to step up the battle. The budget the Clinton-Gore Administration will send to our Congress next month will include an additional increase of another $100 million, for a total of $325 million, to fund our worldwide fight against AIDS. This new funding will include efforts to reduce the stigma and prevent the spread of AIDS, to reduce mother-to-child transmission, to support home and community-based care for people with AIDS, to provide care for children orphaned by AIDS and to strengthen health infrastructures to prevent and treat AIDS.

I would also like to announce here this morning that the budget we will send to our Congress next month will include $50 million for the United States contribution to the vaccine fund of the Global Alliance for Vaccines and Immunizations. This contribution, in fulfilment of the promise President Clinton made to the General Assembly, will help fund the research, purchase and distribution of life-saving vaccines in developing nations.

I am also announcing today an initiative for an expanded public-private partnership in the battle against AIDS. Indeed, in the coming months I will convene a meeting of United States business leaders active in Africa to develop a set of voluntary principles for corporate conduct to make the workplace an effective place for the education and prevention of AIDS. Let us also set this goal. Through public and private efforts, in partnership with partner nations, we will attack the cycle of infection at one critical point, its most heartbreaking point: the moment of mother-to-child transmission.

In addition, I announce that our budget request for next year will for the first time ever contain specific funding for the United States military to work with the armed forces of other nations to combat AIDS. Inside our own country, our armed forces have acted effectively to prevent the spread of AIDS in the military. Secretary of Defense Cohen is ready to share our experience with our military counterparts in Africa. He will visit the United Nations during this historic month.

We are also committed to helping poor countries gain access to affordable medicines, including those for HIV/AIDS. Last month the President announced a new approach to ensure that we take public health crises into account when applying United States trade policy. We will cooperate with our trading partners to ensure that United States trade policies do not hinder their efforts to respond to health crises.

But to win the ongoing global battle against AIDS, we must also fight the poverty that speeds its spread. In June in Cologne, we joined with our G-7 partners in the Cologne debt initiative, a landmark commitment to faster and deeper debt relief for the heavily indebted poor countries. We will continue to engage our G-7 partners to bring greater resources to this effort. Today I challenge the world's wealthier, healthier nations to match America's increasing commitment to a worldwide crusade against AIDS.

But more money is not enough. We must also make sure that more money has more impact. Next July the global community will gather in Durban, South Africa, for the thirteenth International AIDS Conference. There are many inspiring efforts to fight AIDS all around the world. But right now they mostly amount to many isolated efforts and not a single focused assault. We must knit together the separate initiatives by local, national, regional and global organizations to take maximum advantage of their synergy and successes. We will work with the organizers of the Durban Conference to advance this essential objective. It is essential because how we spend the money and how effectively we target it, not just how much we spend, will determine how many lives we save.

AIDS is one of the most devastating threats ever to confront the world community. Many have called the battle against it a sacred crusade. The United Nations was created to stop wars. Now we must wage and win a great and peaceful war of our time — the war against AIDS. Let all, here and around the world, who are willing to enlist in this cause hear and heed and take heart from the words of an African poet, Mongane Wally Serote:

> "Remember the passion of our hearts, the blinding ache and pain when we heard the hysterical sobs of our little children crying against fate. We heard these. We knew them. We absorbed them. But we surged forward, knowing that life is a promise and that that promise is us."

That promise is us. We here in this room, representing the billions of people of the world, must become the promise of hope and change. We must become the promise of life itself. We have the knowledge, the compassion and the means to make a difference. We must acknowledge our moral duty and accept our great and grave responsibility to succeed. We must make the promise and keep the promise to prevail against this disease so that when the story of AIDS is told to future generations, it will be a tale not just of human tragedy, but a tale of human triumph. And the moral of that story will be the capacity of the human spirit to summon us in common cause to defeat a common foe and secure the health and hopes of so many of our fellow human beings.

May God bless all who have suffered from this disease and are suffering from it. May God bless the united effort of our United Nations to end it soon and for ever.

I resume my functions as President of the Council, and I am pleased that in this first meeting of the millennium we are joined by one of the world's leaders in the battle against poverty, the President of the World Bank, James Wolfensohn. I give him the floor.

Mr. Wolfensohn: Let me start, Vice-President Gore, by thanking you for your invitation to attend this meeting. I believe it is the first time that a President of the World Bank has ever attended a meeting of this body. It was a dream that I did not think would be realized in my period as President, so I am grateful for that, as I am, indeed, for your putting on the agenda the issue of health and the issue of development, in which you have been so steadfast in your support of our institution.

I am also very grateful to Secretary-General Annan for the leadership that he showed in bringing the World Bank more closely in parallel and in partnership with other institutions of the United Nations, and I am very happy to be here with my colleagues from my the United Nations Development Programme and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

I do not know a lot about the workings of the Security Council. I have images of you ladies and gentlemen meeting at midnight, having very important meetings, using high diplomacy and power politics to solve very important and pressing issues that face us: issues of conflict, issues of chemical weapons, issues of nuclear challenges and issues of security. The funny thing is that in Washington we think that what we do every day in terms of addressing the questions of development are actions which lead to the very same issue of security and peace. We work every day looking at the conditions of our planet and think in terms of the 6 billion people who now inhabit our globe, of the 3 billion people who live on less than $2 per day, of the 1.2 billion that live on less than $1 per day, and we think of the next 25 years, when that 6 billion will grow to 8 billion.

We wonder what sort of a world it will be.

Without being a social scientist or an Ambassador, I know that if people are well fed, have opportunity, are well-governed and have a sense of security for their children, they are less likely to fight and get into problems than if they live in a period where they have no governance, where the sinews of governance do not give them security and where there is little hope.

We are worried about the next 25 years, and I would suggest that this is a subject directly relevant to the deliberations of this Council.

If it is true that poverty eradication and development are the counterpart of security, then nowhere is this more important than in Africa. In sub-Saharan Africa we have 500 million people, of whom more than half live in poverty. It is there, as the Secretary-General commented, the greater part of conflict and wars exist today. These are considerations that this Council has before it. If, therefore, Africa is at the centre of the agenda, which indeed it is this month — and I congratulate Ambassador Holbrooke on this initiative — then surely the question of AIDS comes to the top of the list as an issue which can affect security, development and poverty.

What we are seeing is that in today's world we are rolling back some of the gains that have been made in Africa over the last 40 years. The numbers are very compelling. Under African leadership, we gained more than 20 years in life expectancy. In many countries this gain will be lost by the year 2010. The statistics have already been provided by previous speakers. But just imagine that in Botswana, Namibia, Zambia and Zimbabwe, 25 per cent of the people between 15 and 19 years of age are HIV-positive. Just imagine that in Zambia and Zimbabwe there is a greater chance that a child born today will die of AIDS than will live free of it. These are stunning statistics.

The fact that a third of teenage girls in many African countries are subject to the scourge of AIDS is not something that can lead to a sense of security in a community. In a number of countries, we are losing teachers faster than we can replace them. We are losing judges, lawyers, government officials and military personnel. This problem is more effective than war itself in terms of destabilizing countries. Unless we act, this will continue, and there will surely be continued instability in the continent.

AIDS is not just a health issue. AIDS is not just a development issue. It is also an issue that affects the peace and security of people in the continent of Africa and throughout the world. It is certainly a subject that merits consideration by this body.

The world looks to the Security Council to highlight important issues and looks to the United Nations to give leadership. In order to solve these global problems, we need to bring together not just the United Nations, but also the private sector, civil society, the faiths, organizations such as ours and regional institutions. The focus on the priorities can be given by this body.

I am honoured to be here, but in coming I want to assure you, Mr. President, that we look forward to a partnership with the United Nations and recognition by this Council. Your successors, who will be dealing with issues of security, are going to be looking at the causes. I tell you this: poverty and development are the root cause of most of the conflicts, and it is essential for this body to take action in anticipation of a world that, without such action, will be a world in conflict.

I look forward to working with the Council in the months and years ahead on this issue of AIDS in Africa and on the general issue of poverty and development.

The President: Our next two speakers will be the Administrator of the United Nations Development Programme, Mr. Mark Malloch Brown, and the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Peter Piot. Their statements will be of great importance. I urge those joining us here to stay and absorb the impact of their words.

It is my intention, before they speak, with the concurrence of Council members, to suspend the meeting for a few minutes. When the meeting reconvenes, I shall turn the gavel of the President of the Security Council over to Ambassador Holbrooke.

I would like to note the presence of three Ministers of Health who are here with us today from Namibia, Uganda and Zimbabwe. We have much to learn from these ministers, and we are all grateful for their attendance.

I would also like to note, before the recess, that in the United States of America, the work of Senators Jesse Helms and Joseph Biden — and a strong majority from both of our major political parties — has expressed fresh support not only for the United States being a vigorous member of this body but also for the efforts of this body in every way, shape and form.

Indeed, it has been a great honour to preside over the beginning of this meeting. Now, with the concurrence of Council members, I suspend the meeting.

The meeting was suspended at 11.15 a.m.

Mr. Holbrooke (United States of America) took the Chair; the meeting was resumed at 11.30 a.m.

The President: It is my high personal honour to call on my friend of over 20 years, the Administrator of the United Nations Development Programme.

Mr. Malloch Brown (United Nations Development Programme): It was obviously a great honour for us all in the United Nations community that the Vice-President of the United States joined us this morning. Even in his absence, I would like to thank him for having been here in this Chamber on this issue at this time and to have made the new commitments he did make.

We have all heard the statistics and also what can be said in words of the human impact. HIV/AIDS in sub-Saharan Africa accounts for 23.3 million of the 36 million affected individuals worldwide — 69 per cent of the total number of HIV/AIDS cases.

At a time when the industrialized world has relaxed in the face of a declining incidence of new HIV infections, Africa is under siege. Many times more people are being killed by the disease in sub-Saharan Africa each year than in all the world's wars. This is a new security front line and I congratulate Richard Holbrooke for the vision to go beyond old definitions to bring to this table a discussion of the world's most dangerous insurgency.

HIV/AIDS has a qualitatively different impact than a traditional health killer such as malaria. It rips across social structures, targeting a young continent's young people, particularly its girls. By cutting deep into all sectors of society, it undermines vital economic growth, perhaps reducing future national gross domestic product size in the region by a third over the next 20 years. And by putting huge additional demand on already weak, hard-to-access public services, it is setting up the terms of a desperate conflict over inadequate resources.

Today this is Africa's drama; unmet, it becomes the world's. So there is real resonance that, at this first Security Council meeting of the new millennium, it is health — not war and peace — that brings us here. But it does so because of the proposition that, in this new globalized century, one will beget the other and that, in the final years of the last, we woefully neglected the new causes of conflict.

We must view this as a war on three fronts: first, the classrooms and clinics of Africa; secondly, the families of Africa; and, thirdly, international action — the critical support needed to back Africa's front line.

An extraordinary depletion of the region's human capital is under way. There are estimates that the number of active doctors and teachers in the most affected countries could be reduced by a third in the coming years. Yet schools and clinics are not only at the heart of any defensive strategy for dealing with the consequences of the epidemic; they spearhead the offensive for cultural and behavioural change. We see the possibilities. In Uganda, there is now a real prospect of an almost AIDS-free generation of high-school-age children. Countries are strung out along a continuum from effective action at one end to at least acknowledgement and awareness at the other. Yet, even with better national awareness, in too many places individual ostracism, and hence denial, still prevail, confounding good tracking and management of the disease.

Behaviour change requires uncompromising, often painfully embarrassing honesty, for there is too often a lethal cultural double standard when it comes to AIDS of too much unsafe sex and too little willingness to talk about it or face its consequences. Change must begin by confronting the region's troubled inheritance: extensive migrant labour, social norms and gender inequality, making it hard for women and girls to deny men sex, leading to HIV incidence rates among girls three or four times higher than those for boys.

Let me propose to this Council a set of actions. First, we must support Africa's front-line efforts to combat the disease. We can see that, where promoting awareness leads to honest discussion, which leads to behaviour change, the momentum can be broken. But there is no substitute for the region's own opinion-makers — from state house to community media to town and village — leading that campaign.

Second, we must promote inter-country cooperation so that Uganda's best practice is effectively transferred to countries doing less well, and best practice means a strong national plan and full community mobilization — nothing less.

Third, we need resources. The United States, with 40,000 new cases annually, spends approximately $10 billion annually from all sources for prevention, care, treatment and research, whereas approximately $165 million are spent on HIV/AIDS-related activities in Africa, where there are 4 million new cases a year. We must mobilize more and today's commitment is a wonderful start towards that.

Fourth, we need a coordinated response. I currently chair the committee of the Joint United Nations Programme on HIV/AIDS (UNAIDS) co-sponsoring organizations: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), the World Bank and the United Nations International Drug Control Programme (UNDCP). Together, we, the bilaterals, the private sector and non-governmental organizations must do more at the country and global levels. We applaud the formation of the International Partnership Against HIV/AIDS in Africa, which is a foot in the door to private-sector-supported affordable care.

Fifth, UNICEF, WHO and the World Bank, together with UNAIDS and a number of innovative foundations, have begun to innovate new public-private partnerships that, by guaranteeing a market for affordable vaccines, will incentivize drug-company research and development. The African market for international pharmaceuticals now accounts for less than 1.5 per cent of the global industry. This "pull" of new incentives must be combined with the "push" of increasing basic public-health research spending.

Sixth, we cannot lapse into a global two-tier treatment regime: drugs for the rich; no hope for the poor. While the emphasis must be on prevention, we cannot ignore treatment, despite its costs. We must work with the cooperation of the pharmaceutical industry to bring down treatment costs.

Seventh and finally, we cannot break this epidemic in isolation from the broader development context. Weak government, poor services and economic failure translate directly into failed vaccine and contaminated blood-supply chains. More broadly, it means the failure of schools, families, workplaces and economies to be able to meet the challenge. In this region, where official development finance is drying up, I find myself fighting to reverse

UNDP's own projection that our programme resources for Africa next year will be only a third of what they were five years ago.

So, amidst the good news of more help for HIV/AIDS, progress on debt relief and some improvement in private-sector flows, the overwhelming fact is that the region's basic development needs are not being met. There is a money gap and a governance and capacity gap. Neither the finance nor the institutions and policies are adequately in place.

Members of the Council, at this first Security Council meeting of the century you have brought development into your Chamber. You have elevated it from a long-term economic and social issue to a current danger, a vulnerability to be addressed as a matter of political priority. HIV/AIDS is a particularly cruel manifestation of the wider development challenge. It vividly demonstrates the broader point: no other challenge can perhaps so shape the overall direction of this new century, either towards a globalization for all, or back to a century of walls and fences.

The President: I thank Mark Malloch Brown for the immense contribution which he, like the World Bank under Jim Wolfensohn, makes on this issue.

Before calling on the next speaker, I would like to acknowledge — and I apologize for not doing this earlier — our newest member of the Security Council, who presented his credentials this morning, the new Ambassador from Argentina. Welcome. Also, I want to welcome to the Security Council the five new members — Bangladesh, Jamaica, Mali, Tunisia and Ukraine — and to thank the departing members for their participation. I look forward to working with you all over the next few weeks.

It is now my honour to call on the head of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Dr. Peter Piot.

Dr. Piot: I thank the Council for this opportunity to address it today on what is, I believe, one of the most important issues for this century. Twenty years ago the global community had not even heard of AIDS. Over 50 million people, cumulatively, have become infected since then. Today it is discussed in the Security Council because AIDS is not a health or development problem like any other. As we have heard, it has become, in Africa at least, an issue of human security in all senses of the word.

Comprehending the full scale of the epidemic is almost impossible. We have heard the Secretary-General talk of 11 million orphans. We would be short-sighted to underestimate the long-term impact of their personal tragedies on the development and stability of Africa.

War is one of the instruments of AIDS, as rape is one of the instruments of war. Conflict and the resulting movements of people fuel the epidemic. Refugee men, and particularly women, become highly vulnerable to HIV infection. Humanitarian aid workers and military and police forces that are well trained in HIV prevention and behaviour change can be a tremendous force for prevention as long as this is made one of their priorities.

But there is also good news, and I would like to concentrate on that this morning. We are far from powerless against this epidemic. In countries where strong political leadership, openness about the issues and broad, cross-cutting responses come together, the tide is turning, and clear success is being demonstrated. We have heard about Uganda, where the rate of new infections is falling. But so it is in several communities in Africa. In Senegal, HIV infections have stayed at a very low level as a result of successful prevention campaigns. We know now what works: two decades of experience have identified the essential elements of effective strategy. Let me mention six of them: first, as Vice President Gore mentioned, visibility, openness and countering stigma, without compromise; secondly, addressing core vulnerability to HIV through social policies; thirdly, recognizing the synergy between prevention and care efforts; fourthly, targeting interventions on those most vulnerable; fifthly, encouraging and supporting strong community participation in the response; and lastly, focusing on young people, the future of the continent.

Over the last 12 months, many, many African leaders have spoken out in unprecedented ways, breaking the silence and the stigma of the epidemic. Internationally, too, the tide is turning. This meeting is an illustration of that. This past June, the General Assembly special session established a new development target for 2005, based on demonstrated success in a number of countries, of reducing new infections by 25 per cent in young people.

Members of the Council, the challenge is formidable but so too are the technical, financial and political resources of the international community. However, in financial needs alone, we are a long way short of meeting our mark. The most recent available figures, from 1997, indicate that the international community mobilized only $150 million for AIDS prevention for the most affected countries in Africa. This has been put into context by Mark Malloch Brown. To sustain and expand the prevention success stories of Uganda, Senegal and other countries, we need to mobilize between $1 and $3 billion per year. It is worth pondering how hundreds of billions of dollars were successfully mobilized over the last few years to minimize the impact of that other virus, Y2K.

Over the last year, African Governments, the United Nations system, international donors, civil society and the private sector have come together to form a new international partnership against AIDS in Africa. As the Council heard, last month the Secretary-General tasked us in this very building with formulating a response commensurate with the epidemic.

In closing, let me give a few examples of what each constituency of this partnership is committed to do. First, African Governments bring the commitment to create the environment for effective decentralized action and to be aggressive in protecting and promoting human rights so that stigma can be reduced. Jim Wolfensohn and Mark Malloch Brown have already emphasized that in the United Nations system, the epidemic has already brought us together in unprecedented ways.

But there is still much more to be done. We will mobilize additional and reorient existing resources to respond to the epidemic, to demonstrate concerted action in support of Governments and civil society, including such actions as involving people living with HIV in the response and supporting efforts to reduce mother-to-child transmission of HIV.

Thirdly, we expect donor Governments to take concerted action, under nationally developed strategic plans, to mainstream AIDS in setting priorities and to accept the challenge to urgently treble assistance for HIV/AIDS in Africa as a first step for more rational financing of the international response. Several Governments have recently substantially increased these commitments, and with this latest step announced by Vice-President Gore half an hour ago, the United States is the first to have trebled its level of commitment during the last six months.

Fourthly, and as also stressed by Vice-President Gore and Mark Malloch Brown, we agreed that the private sector must become involved in a substantial way to act immediately to strengthen workplace and community outreach interventions and, further, to work in concert with Governments to balance the difficult issues of intellectual property rights with the urgent need to develop and make available life-saving drugs and other commodities.

Finally, the non-governmental organizations, including religious organizations, have a key role to play in intensifying their work at the front line of the epidemic.

Members of the Council, the message that I bring you this morning is therefore one of urgency, but also one of opportunity. The resources are beginning to be mobilized, and the world is responding. But we are now only at the 10 per cent mark. Shifting to 50 and then 75 per cent and upwards must be the commitment of all of us here.

In the response to the epidemic, there are two bottom lines. The bottom line for the future is that we must develop and make available affordable vaccines required for preventing HIV infections. That is the bottom line for the future. However, the bottom line for today is that we must do everything in our power to apply what we know works: reducing vulnerability, preventing HIV infection through behaviour change and supporting wide-scale implementation of efforts to provide care and access to the drugs and services required to prolong and improve life.

At the start of this new century, I believe that there are no development problems that more urgently command a collective response from the international community. This is a global problem. It is not and African problem or an Asian problem, but a global problem. The fact that in the first month of the millennium the Security Council sees fit to discuss AIDS in Africa is surely symbolic. I believe that it signals our collective will to stop this epidemic and our pledge to history that we will not turn our backs and let AIDS devastate another generation of young African women and men.

The President: I thank Dr. Piot for his inspired leadership and his kind remarks concerning the comments of our Vice-President.

We shall now begin the discussion by the members of the Security Council. For those in the audience who do not know the rules, members of the Security Council will speak first. Then, because of the special nature of this meeting, any other Member of the United Nations that wishes to speak is invited to do so.

With a certain exception, I will ask the members of the Security Council to follow the same rule that was established so successfully last month by Ambassador Greenstock during his presidency of the Security Council, which was essentially a five-minute rule. Speakers should also try to confine themselves to specific remarks. The exception that I would like to make is, of course, for the three Ministers of Health who have come here from such a great distance to share with us their experiences.

I thank the Minister of Health of Namibia for joining us today, and it is now my great honour to give her the floor.

Dr. Amathila (Namibia): The most recent open event in the General Assembly took place on World Aids Day. Men, women and children from all walks of life came to pay tribute to those who have fallen victim to this scourge. Some told their own real-life stories and those of their families, and today, at the first meeting of the Security Council for this millennium, the plight of Africa and its fight against HIV/AIDS is being highlighted.

I am pleased to note that on 13 January, the United Nations High Commissioner for Refugees will address this Council on the inhuman conditions in which millions of refugees and internally displaced persons in Africa are living. She will no doubt talk about, among other issues, the impact of HIV/AIDS on women and girl refugees in particular. The Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the head of the United Nations Development Programme (UNDP) and the President of the World Bank have given us a detailed analysis of the impact of HIV/AIDS in Africa. Thus, we view today's high-profile meeting not as an end in itself, but as a very important beginning of the focus on the impact of HIV/AIDS in Africa.

You have participated personally, Mr. President, in no small measure. That is testimony to your personal commitment and that of your Government to the cause of Africa. Your country has made significant national gains in curbing the spread of HIV/AIDS and improving the quality of life of those already infected. We call on your Government to take the lead in mobilizing the pharmaceutical industry to work with African Governments and the World Health Organization for more affordable access by Africa to life-saving and life-enhancing drugs for the treatment of AIDS.

We thank the Secretary-General for his participation. His report on the work of the Organization (A/54/1), submitted to the General Assembly at its fifty-fourth session, was very clear on the impact of HIV/AIDS in Africa and we encourage him to keep up his advocacy.

Anything that is a threat to the social and economic development of Africa is, in turn, a threat to its political stability. As long as the HIV/AIDS pandemic continues to grow, political stability and peace will be affected. Due to the incapacity of Governments to effectively deal with the needs of those affected, the anger and frustration will continue to escalate. The social infrastructure, such as hospitals, cannot cope with the many cases coming in. Although it is known that there are drugs that can prolong and improve the quality of life, African Governments cannot afford them. Therefore, in our view, security needs to be visualized as part of a complex of issues affecting the manner in which we perceive and deal with socio-economic and political problems. It is in this context that we welcome today's meeting.

More than 23 million people — whether the statistics indicate 21 million or 23 million is immaterial; we know that it is a huge number — are infected with HIV/AIDS in Africa today. A continent which is home to only 10 per cent of the world's population probably carries now over 70 per cent of the world's total HIV cases. The impact of the social and economic consequences of HIV/AIDS is being felt through the erosion of growth in gross domestic product, especially in the heavily affected countries. This is affecting the labour force, which in turn negatively affects the breadwinners and their families. As a result, the future of children in general, and HIV/AIDS orphans in particular, is compromised. We do not know whether such children will be able to continue with their schooling, because the breadwinners have died. Usually it is the father who dies first, followed shortly afterwards by the mother, and the children are left in the hands of their grandparents.

Wherever there is a conflict, sexual violence is used as a weapon of war. Refugees, in particular women and girls fleeing from conflict situations, are at risk of being infected with the virus. It is estimated that 250,000 children between the ages of 7 and 18 years actively participate as child soldiers in armed conflict around the world, and many of them are sexually active. Of course it is not known how many are HIV-positive, but we can assume that a high percentage of them are positive. Let loose in the communities, they perpetrate sexual violence against their captives, thereby further increasing the spread of HIV/AIDS.

While the issue of HIV/AIDS is not under the purview of the Security Council, the primary responsibility of the Security Council in the maintenance of international peace and security will contribute in a major way to minimizing the impact of HIV/AIDS in Africa. By effectively addressing conflict situations in Africa, the Security Council will no doubt assist African Governments in devoting more resources to tackling social and economic problems. In this connection, we urge the arms-producing countries to cease providing arms to rebel movements in Africa. It is very important to bring conflict to an end in Africa so that peace and security can become a reality, giving a chance to the African Governments to pay attention to the priority issues of health and social development.

Let me say a few words about peacekeeping. At the outset, I would like to salute the peacekeepers for the work they have done and are doing, often at the risk of losing their own lives. In this connection, it is important that the training of the military and police forces covers HIV/AIDS prevention and understanding of how to protect themselves. Peacekeepers, military observers and relief workers need to be well briefed on the implications of HIV-risk behaviour, through education on prevention. The means of protection must also be readily available to such people. In the demobilization of ex-combatants, in particular child soldiers, HIV/AIDS prevention issues need to be highlighted. The demobilization of child soldiers should include psychological counselling and HIV prevention.

Let me emphasize that the tragedy of AIDS in southern Africa warrants an emergency response from the international community. HIV/AIDS is a developmental, social and national security issue. African Governments have realized the multidimensional nature of HIV/AIDS and have therefore embarked on a programme of expanded response. This means that HIV/AIDS is everybody's business and no longer just the business of ministries of health and social services. However, those Governments cannot effectively combat HIV/AIDS due to a lack of resources and drugs.

Currently, the resources available for the prevention and treatment of HIV/AIDS are disproportionate to the problem. Estimates have it that out of the $2.5 billion needed in Africa each year, only $165 million is available — I think that Dr. Piot said $150 million, but it does not make that much difference. We therefore call on the international community to make resources available and to subsidize drugs to African Governments.

You will agree with me, Mr. President, that it is immoral that the worst-affected continent has the least access to the care and social and economic safety nets that might help families cope with the impact of this epidemic. Africa today has the least access to HIV drugs, but major access to arms. In countries marred by conflicts, Governments are forced by circumstances to channel their resources to the efforts to bring about peace, rather than to caring for the sick. And so thousands of infected persons die without any hope of the treatment that would prolong their lives.

The political commitment of African Governments to the prevention and treatment of HIV/AIDS is quite visible. However, the lack of resources is a real constraint that needs to be addressed by the international community. Even in Namibia, where we allocate over 15 per cent of gross domestic product to health and social services, we have not made an impact on the treatment of HIV/AIDS. The cost of drugs to us is extremely prohibitive.

I should mention, however, that as far as social mobilization, awareness and advocacy are concerned, we have made significant progress. I remember going to a village in the farthest corner of Namibia, where I met an old man of whom I asked: "Do you know anything about HIV/AIDS?" He said, "Yes, I have heard, and I keep on telling young people that they must use condoms; but, Doctor, I have not seen a condom myself". So I left him a condom, as I am sure he was neglected because of his age. I am sure that since then he has been going around with his condom to show the young men: "This is what I am talking about".

Furthermore, the Namibian Government is in the process of establishing a fund for AIDS orphans and pensioners, which our President launched barely two months ago. This is to assist old people, who invariably have to look after the children of their own dead children. Namibia and South Africa are the only countries I know of in Africa that are giving universal grants to all pensioners, regardless of whether they have worked or not. But that pension is meagre and will not be enough to help old people look after orphans. We have therefore set up a fund for orphans and pensioners to help in this regard.

African Governments are increasingly urged to invest more resources on HIV/AIDS. But where will these resources come from? Today, half of those infected are children between the ages of 15 and 24. Ninety per cent of those are in Africa, as can be seen from the table. What does this mean for Africa's future? Not many Governments can afford the drugs, and as a result, a difficult choice has to be made between prevention and treatment for those already infected.

I would therefore recommend that World AIDS Day be commemorated in a more high-profile manner, consistent with the seriousness of the problem. For example, we would like to propose that activities on World AIDS Day at the United Nations be focused solely on raising awareness about the pandemic. A lot still remains to be done in raising awareness.

In May this year, UNAIDS will convene a board meeting in Geneva. The International Partnership against AIDS in Africa is currently being formed, and the Partnership will be launched at that board meeting. Let me strongly echo the call made by the Secretary-General to the international community,

> "to formulate a response commensurate with the scale of the crisis, led by African Governments but with civil society, the private sector, the United Nations and donor Governments playing a full role".

Furthermore, drug companies have a moral responsibility in this pandemic. We therefore urge them to sell their drugs at subsidized prices to African Governments so we are not left to allow our people to die. As was correctly mentioned, we can at least prolong the life of a mother to make it possible for her to at least see her children through primary school. We therefore need to get these drugs in Africa.

In conclusion, I would like to emphasize that HIV/AIDS is now the leading cause of death in our countries of southern Africa. Over 50 per cent of hospital beds are occupied by HIV/AIDS patients. Over 60 per cent of paediatric hospital beds are occupied by HIV/AIDS cases. HIV/AIDS in Africa can be prevented, and we have seen the results of our colleagues who started before us. With the provision of drugs, the quality of life of these affected people can be prolonged and enhanced. AIDS has lowered the average life expectancy levels in some of our countries by as much as 10 years.

I would like to share with you a measure we have adopted in the field of prevention, namely the letters A-B-C. A means "Abstinence"; B stands for "Be faithful to one partner" and C means "use Condoms". This is how we are trying to change the behaviour of our communities. Let us hold hands together to fight the pandemic of HIV/AIDS.

Finally, Mr. President, I cannot end without expressing my Government's deep thanks to you for your dedication to this cause. I did not see you when you were in Africa. The timing was bad because we were trying to hold our elections; but I was happy that you were there and I am pleased to meet you here. I want to thank you for this specific and timely initiative you have taken in bringing to the forefront the impact of HIV/AIDS. I hope that this will now be a regular session at the Security Council. Let it not be the first and last time we meet on this issue, but let it be a yearly event so that we may all touch base.

The President: Thank you, Madam Minister, for your important statement, your alphabetical A-B-C suggestion and your interesting suggestion about doing a meeting of this sort at least once a year, which in my national capacity I instantly endorse.

It is my pleasure now to continue. Because we have such a long list of speakers and we will want to break for lunch in the not-too-distant future, I would hope that the non-ministerial representatives here would keep their remarks as short as possible, so that this afternoon we can have some exchanges of view on what we have heard and how we might work together.

Mr. Chowdhury (Bangladesh): As a newly elected member of the Security Council, Bangladesh takes up its responsibility with great humility and a strong sense of commitment and determination.

Bangladesh believes it is very fitting for Vice-President Al Gore of the United States to preside over the first Security Council meeting of the new millennium. His presence here is indicative of the strong commitment of the United States to the United Nations in general and to Africa in particular.

Coincidentally, but very appropriately, for the Security Council the twenty-first century is commencing with the presidency of the United States. We commend Ambassador Holbrooke for the initiative of devoting this month to Africa. Bangladesh also expresses its deep appreciation to Ambassador Jeremy Greenstock for his leadership of the Council during the United Kingdom presidency last month, and particularly for holding a major debate on Africa. We thank him and other members of the Council for facilitating the new incoming members' presence at the informal consultations during the month of December.

Bangladesh welcomes the initiative to discuss the impact of AIDS on peace and security in Africa. This is a recognition of the broader dimensions of security, a vision that security in a changed world extends beyond its conventional parameters. It is ultimately human security that we are seeking; every individual — wherever he or she may be — should feel safe and secure. We appreciate this opportunity to speak at the first meeting of the Council on this broad-based topic. A global culture of peace, we believe, can ensure such an all-encompassing security of countries and individuals.

AIDS is spreading fast. Its threat is global. It is a threat to an entire generation — indeed, a threat to human civilization as a whole. For much of the developing world, the outlook is grim. For Africa, it is already a catastrophe.

Globally there are already 33 million people infected with HIV. Two-thirds of them are in Africa. Last year the disease killed 2.6 million people around the world, more than in any previous year. Most of these deaths occurred in sub-Saharan Africa. Life expectancy in this region has dropped to a level not seen since the 1960s.

The AIDS pandemic is devastating many African economies. Soaring death rates among the young are crippling the growth of entire regions. Due to the high cost of AIDS treatment, little is accessible to the poor. AIDS leaves poor societies poorer still, and thus even more vulnerable to infection. Experts project a loss of growth of at least 1.4 per cent per year over the next 20 years.

The social impact of AIDS is staggering. Since 1981, over 11 million children have been orphaned, 95 per cent of them in Africa. As Secretary-General Kofi Annan has said, AIDS is taking away not only Africa's present, but also its future.

In many sub-Saharan countries, nearly half of the armed forces are affected. Civilian law enforcement is slumping as AIDS takes its toll on its personnel. This has threatened safety, security and law and order both within and beyond national boundaries. African military and civilian police personnel play a crucial role in peacekeeping. Their vulnerability to infection affects the defence of peace.

We thank Secretary-General Kofi Annan for his statement this morning and for his proactive leadership in combating AIDS in Africa, as manifested at the meeting held at the United Nations Headquarters last month. The United Nations agencies and civil society organizations, as invaluable partners, deserve our appreciation for their positive work in this area. The World Bank's contribution, under the effective guidance of Jim Wolfensohn, is very much recognized. We thank him in particular for his focus on poverty and development in his statement this morning.

Africa itself is leading the counter-attack against AIDS. Its leadership is making a real effort to involve all of society in the battle. Countries like Uganda, Botswana, Lesotho, South Africa, Zimbabwe, Nigeria and Namibia have shown what can be achieved.

The threat of AIDS is not confined only to Africa; it is a threat to the global community. The epidemic was a latecomer to Asia and the Pacific, but its spread has been swift. It is predicted that in the years to come, the number of people affected may grow exponentially.

In combating the scourge of HIV/AIDS, some measures should get priority attention.

First, ongoing efforts need strengthening, with a special emphasis on the young and on children. The target set by the special session of the General Assembly on the five-year review of the International Conference on Population and Development (ICPD) to reduce infection in young people aged 15 to 24 by one quarter before the year 2005 should be foremost in our actions.

Secondly, new and sustained public-private partnerships, such as the "Secure the Future" programmes of southern Africa, with the commitment of $100 million for the next five years from the private sector, need to be forged.

Thirdly, the scientific community should receive full support to speed up its work to develop effective vaccines.

Fourthly, effective treatment should be made available to people at prices that affected societies can afford.

Fifthly and finally — and most importantly — adequate resources should be made available to fight the epidemic, to the development of preventive measures, and to mitigate the harm already done.

In recent years, as we have seen, most conflicts have been within States. These have causes and consequences. There are both military and non-military threats to security, and the collapse of social fabric and of State structures is undeniably a peace and security concern. A desperate situation can lead to desperate acts. As Peter Piot of the Joint United Nations Programme on HIV/AIDS (UNAIDS) has remarked, when it comes to Africa, AIDS has killed more than 10 times as many people as armed conflict. Mark Malloch Brown, in his statement this morning, called it "the world's most dangerous insurgency". To combat this, we need true solidarity and effective strategy, not mere rhetoric.

The world will not be a secure place if its women and men do not have security of the individual self. We are glad that recognition has been accorded to a more encompassing dimension of security. We hope that the pioneering initiative of the United States will be pursued by others in justified earnestness. We look forward to discussing other non-military threats to peace and security, including such overriding global priorities as poverty, environmental degradation, drugs, organized crime and so on. The world has changed, and the time has come to extend the concept of security as well.

The President: I would like to thank Mr. Wolfensohn once again for joining us for the first time in the history of the Security Council and the World Bank. I hope that the Security Council will invite him to join us again. On behalf of the entire Security Council, we thank him for his important statement today and for his contribution to the important effort that we are discussing.

Mr. Dejammet (France) (*spoke in French*): Taking into consideration your repeated appeals for brevity, Mr. President, I shall shorten the usual compliments that it seems to me should be addressed to the Vice-President of the United States and to you for having organized this meeting, as well as to Mr. Wolfensohn, Mr. Malloch Brown and Dr. Piot for participating in our work.

I also believe it is pointless to repeat all the statistics that have already been given this morning and that will probably be reiterated during our debate attesting to the seriousness of the effects of AIDS. We wish simply to thank the United States for having taken the initiative to organize this meeting. What we have already heard clearly demonstrates that the AIDS epidemic, in terms of its social and economic effects, is indeed related to the instability that can afflict African countries and consequently has a direct bearing on security issues dealt with by this Council.

Therefore, I shall not emphasize the statistics, and at the same time I regret that those that have been given or projected on the screen dealt with a limited number of countries. In this regard, I would like to thank Dr. Piot for having corrected or supplemented our information by also mentioning the positive aspects resulting from the efforts of certain countries. He cited Senegal as one such country, and I believe he was perfectly right to do so.

We wish to recall, with regard to the picture sketched for us, that if we are not careful and if we do not indeed follow up the appeal we are addressing to the international community today, a lasting health, economic and political crisis in Africa will win out over the sustainable development strategies that we are trying to promote. Therefore, everything we do here at the United Nations, in other chambers besides that of the Security Council and in other international forums will be reduced to nothing if we do not try to clearly and courageously confront the problems raised by the AIDS epidemic.

But let us devote ourselves to the positive actions that can be taken. We must mobilize our efforts at the economic level, as was mentioned earlier by the Minister of Namibia. I do not wish to dwell on that; I simply wish to recall that we are dealing with a general undertaking that should include appeals for all forms of aid, in particular to official development assistance and indeed for debt relief endeavours. However, I would like to focus on what we can do more specifically and directly to combat AIDS and to recall that in this regard France, which has the honour of being the leading donor of public and private funds to Africa, has been aware since the beginning of the 1980s of the need to render very concrete assistance to the struggle against HIV/AIDS.

Over the last decade, 600 million French francs, or approximately $100 million or more have been mobilized under the French fund alone for aid and cooperation, through 60 projects focused primarily on prevention, safety of transfusions, medical oversight, support for associations that are active in this area and support for applied research.

Aside from these mostly public efforts, there are also the French contributions to multilateral agencies, the contributions made by our embassies and contributions linked to decentralized cooperation carried out by local, regional and municipal bodies in France. Altogether this amounts to approximately FF 100 million that France allocates annually to the struggle against HIV/AIDS in the developing countries.

However, we are aware that those efforts and the efforts of all donors cannot alone make it possible to cope with the challenge of the epidemic. This is why we support the Joint United Nations Programme on HIV/AIDS (UNAIDS) initiative of the International Partnership against AIDS in Africa, which is designed to strengthen the mobilization of the entire international community and in which France intends to actively participate.

It is also in this spirit that we have hoped to see the establishment of an international fund for therapeutic solidarity, a fund that would receive public and private contributions and that would be designed to promote better access for populations in the developing countries to treatment against AIDS, including anti-retroviruses. Aside from its direct benefits, such an initiative should contribute by giving new hope to populations of the countries of the South stricken by this disease.

We cannot avoid the issue of access for developing countries to treatment and to a future vaccine when 23 million Africans are already infected. AIDS highlights the enormous gap between the rich and the most disadvantaged countries and creates almost unbearable inequalities because of its effects on the most essential right: the right to life.

As was asked by the French Minister of Health, Dr. Kouchner, during the special session of the General Assembly devoted to the follow-up to the Cairo Conference in July 1999, how long will we be able to accept the fact that the treatment is in the North and the patients in the South? This is, in brief, what the Namibian Minister recalled earlier with great conviction, I believe. We cannot focus solely on prevention. Twenty-three million Africans are already infected. We also need to concern ourselves with the issue of treatment, and this is expensive. Hence the interest in this fund for therapeutic solidarity.

To make progress in this area, we need to mobilize funds and to have the courage to recognize that, yes, this will cost money if we do not wish to limit ourselves to prevention, but also to try to provide care and treatment. The pharmaceutical industry must also more systematically be able to propose to the developing countries, to the African countries, modified financial conditions facilitating the provision of guarantees regarding the lack of parallel or consecutive exports to the developed countries. There really are specific initiatives to be taken. In this regard, we believe the United Nations could usefully organize joint action on this question that would bring together manufacturers, the donor countries and the recipient countries. This is one of the specific initiatives that we would like to see as a result of this debate.

This also seems to us to be an opportune time to draw up a master listing, under the aegis of UNAIDS, of all the bilateral and multilateral actions currently being taken in order to ensure the cohesion and geographic and medical-social complementarity of such actions. As Dr. Piot said earlier, we have seen that some countries have avoided the spread of this pandemic. There must have been reasons for this, and we should perhaps look for further cooperation in our bilateral and multilateral actions.

Finally, all of the donors could commit themselves to considering each of the possible actions for cooperation regarding HIV/AIDS and could examine each of these actions to see how to reduce the impact of the epidemic and strengthen prevention and access to care.

In conclusion, I believe that we should emphasize the key role that the Secretary-General can play in this area. Once again, we would like to express our thanks for his presence and participation in this debate, and for having set its tone. The Secretary-General has the political and moral authority to continue to keep our collective awareness on alert in order to maintain the vigilance of each country regarding this subject in order to plot our course and to see to it that we act in conformity with the very generous words that we are hearing today.

Thus, I believe that, thanks to the commitment that the Secretary-General has shown as a moral authority and, I stress, as a political authority — thanks to that commitment and to the efforts that we will be called upon to make today because of his initiative — in this way we might find it possible to drive back this disease and to provide prospects for the genuine sustainable development of the African countries.

The President: Our next speaker is the Ambassador of the Netherlands. However, procedurally speaking, I would like to consult the Council for a minute. Under the rules of the Security Council, Ministers of Security Council members take precedence, and that is why we began with the Vice-President of the United States and the Minister of Namibia. However, under those same rules, Security Council members have the right to speak before Ministers of other countries that are not members.

In the last few minutes, I have received several notes from Permanent Representatives of African countries, pointing out to me that they feel it would be appropriate for us to break into the procedural order and allow the Ministers of Health of Uganda and Zimbabwe to join the meeting and speak prior to the next scheduled speakers, which are the representatives of the Netherlands, Argentina, Canada, Malaysia, the United Kingdom, Tunisia, Ukraine, Mali and Jamaica, and then, under the rules of the Security Council, Uganda and Zimbabwe.

I have an informal proposal that the next group of speakers yield to the two Ministers from Africa, and I would ask — and I know this is a bit unusual, because we normally would adjourn and go into executive session, but we obviously cannot do that — if any of the speakers would be willing to yield so that we could hear the Ministers of Health who have travelled so far at the personal requests of their Presidents. I have spoken to both President Museveni and President Mugabe personally about this, and they each told me how important their Ministers' speeches are. I would ask if Council members would agree to invite the Ministers from Uganda and Zimbabwe to join us at the table and speak out of order.

Would this be acceptable to representatives?

I wish to thank Council Members for their indulgence in this change of procedure.

At the invitation of the President, Dr. Kiyonga (Uganda) and Dr. Stamps (Zimbabwe) took seats at the Council table.

The President: It is now my honour to call on the Minister of Health of Uganda.

Dr. Kiyonga (Uganda): I would like to start by thanking you, Mr. President, for the opportunity to address the Council on this very important subject, HIV/AIDS. In the interest of brevity, I will try as much as possible to summarize my speech.

Since Uganda has been cited as one of the countries that has made some progress, I think it is only fair to members of the Security Council that I give a bird's eye view of the country, as well as the efforts that we have made that have led to some modest changes.

Uganda has a population of about 20 million people, with a growth rate of 2.5 per cent annually. Most of our people live in the rural areas; only about 12 per cent of the population are urban dwellers. Uganda is one of the poorest countries in the world, with a gross domestic product per capita of $300. Although we have made progress over the last 10 years in growth and macroeconomic stabilization, our situation remains very difficult as far as resources are concerned.

The average life expectancy has been drawn down by AIDS, and now stands at about 47 years. The infant mortality rate is still very high at 97, and the maternal mortality rate still stands at 504 per 100,000 live births. Access to health care is generally very poor, and only 50 per cent of our population are within five kilometres' radius from some form of health facility.

The AIDS pandemic hit our country as far back as 1983, and we estimate that about 2 million of our people are HIV/AIDS- positive. Of these, 92 per cent are adults, and 12 per cent are children under 12 years old. The urban populations are much more affected than their rural counterparts. As has been said by other countries, there is a higher prevalence of HIV infection among young females as compared to males. This, coupled with the predominance of heterosexual transmission, has implications for mother-to-child transmission of HIV. It is estimated that with a national seroprevalence of 10 per cent in Uganda, and a mother-to-child transmission rate of 25 per cent, a total of 25,000 children every year are born who are already HIV-infected.

The HIV epidemic in our country has contributed significantly to the re-emergence of tuberculosis, which we had otherwise controlled. About 60 per cent of the tuberculosis patients in the country are HIV-infected. We have also noticed that people who are HIV-positive and tuberculosis-infected tend to respond less satisfactorily to tuberculosis treatment.

HIV/AIDS threatens our security and our development. The country has already lost more than half a million people to this disease over the last 10 years. A large number of children have been orphaned due to HIV/AIDS. These children are now being cared for by their weak and aged grandparents or fellow children. AIDS is affecting the most active members of the society, including highly skilled people, such as doctors, engineers and administrators. HIV/AIDS therefore threatens to reverse the socio-economic gains made in the country in the recent past.

What has been our response to this pandemic within the country? President Museveni's leadership and the commitment to control the epidemic has provided the platform for a strong coalition of national and international forces to fight HIV/AIDS in Uganda. Accordingly, academic, political, religious and cultural leaders and communities have formed a broad response to this disease.

Sexual AIDS-control programmes have been established in key sectors of government, including the armed forces, the educational sector, the agricultural sector and the ministry responsible for labour affairs. Church and other non-governmental organizations, as well as community-based organizations, have made useful contributions to the fight against HIV/AIDS. By 1994, over 4,000 non-governmental organizations had been registered to provide programmes for HIV/AIDS care, prevention and, often, support. One of the key interventions that we have used has been the high-profile public-health education carried out through radio, television, drama, songs and billboards. It is important to mention at this stage that the people in Uganda living with HIV/AIDS have made significant contributions to this approach by openly declaring their serostatus and advising the rest of the population to avoid the infection.

Under the drug-access programme sponsored by the Joint United Nations Programme on HIV/AIDS (UNAIDS), which began in 1997, only about 1,000 Ugandans have benefited from HIV/AIDS anti-retroviral treatment. This is mainly due to the high cost of drugs. It is estimated that a monthly supply of drugs costs about $12,000 per patient per year. With the estimated 2 million Ugandans infected with HIV, universal access would cost us $24 billion. This is in contrast to our annual budget of $2 billion. Clearly, this is unaffordable to a poor population like Uganda's.

Although some efforts have been made towards support programmes for people living with HIV/AIDS in health-care facilities and in the community, large gaps remain. The ultimate goal of these programmes is to restore hope and to encourage the sick to seek health care.

The political will that I talked about and the openness that has emerged about HIV/AIDS in our country have contributed immensely to Uganda's participation in HIV research efforts. International research collaborations with the best United States and European institutions have helped build research capacity in Uganda. There has emerged a core of well-trained research scientists in epidemiology, behavioural sciences, HIV virology, immunology and molecular biology. These scientists have characterized the epidemiology of HIV and the behavioural risk factors contributing to its spread. As a result of these research efforts, a number of well-designed cohorts have been established and, in addition, every effort is being made to strengthen HIV/AIDS research laboratories within the country.

Recently, research in Uganda has made a promising breakthrough in the search for a drug to prevent mother-to-child transmission of HIV/AIDS. The best United States scientists, working with their colleagues in Uganda, have determined that a drug called Nevirapin has the potential of reducing mother-to-child transmission by a factor of 50 per cent in comparison to AZT. With this efficacy, it is estimated in the case of Uganda that 12,500 babies could be born free of HIV infection. Nevirapin is estimated to cost about $4 per woman for the drug alone, not counting the administration and supply costs. This contrasts sharply with the cost of $150-$200 for treatment of the mother-baby pair with the AZT that is currently being used in the developed world. Use of Nevirapin therefore promises to be the most appropriate and sustainable strategy for the prevention of mother-to-child transmission in resource-poor countries like Uganda.

Uganda, in its efforts to join the rest of the world in search of a solution to this disease, has started to test vaccine candidates. This, again, has been in collaboration with the best scientists in the United States of America. During the course of this meeting, the Council has heard that Uganda has made some breakthroughs and I now take this opportunity to try to cite just three incidences in which we think Uganda has had some success.

The first has been in respect of behaviour change. The Ugandan demographic and health survey of 1995 established that close to universal awareness about HIV/AIDS had been achieved in Uganda. In that respect, we have observed that a large number of our people are now sticking to one partner and also using condoms, which, at the beginning of the pandemic, were considered taboo to talk about in our country. Now, however, condoms are available everywhere and are being used liberally.

As to our second achievement, we have been able to destigmatize HIV/AIDS. The evidence for this is finding that the people living with HIV/AIDS themselves are standing up and declaring their serostatus, relating their stories and advising fellow citizens to avoid the pitfalls into which they fell. Many people are turning up to be tested so that they can know their seropositivity. As a result of this behavioural change and the destigmatization that we have observed, between 1991 and now we have observed declining prevalences of the disease in our country.

That notwithstanding, we still see huge challenges ahead. First, the epidemic is still very high at a seroprevalence rate of 10 per cent and 2 million people being infected. But clearly, we want to move ahead and deepen the programme. One way is to further deepen behaviour change. We have seen that the long-established cultural norms in some of our ethnic groups do favour transmission of HIV/AIDS and we want to strengthen the programme so that this behavioural change can be enhanced.

We lack resources. We are a poor country. Both the extended-family and government support systems are being overwhelmed by caring for orphans and the people living with AIDS. As the Council has already been told, the cost of providing anti-retroviral drugs is unaffordable in a country like ours and we do hope that the international community can come to our assistance in this respect. We are glad to indicate that Nevirapin is likely to stem the transmission from mothers to children and our country intends, with international assistance, to move very fast to start using this drug on a wide scale. In the final analysis, I must emphasize that what will ultimately stem this pandemic is the finding of an effective and low-cost vaccine against HIV/AIDS. International solidarity on this matter must therefore be called into action.

In conclusion, I want to inform fellow representatives that Uganda's huge HIV/AIDS epidemic threatens national development and may worsen the poverty situation. Affordable measures in the control and prevention of HIV/AIDS have been applied in our country. The high cost of current treatment available in the developed countries cannot be afforded by our country and people. We believe that finding an effective and affordable vaccine offers the only feasible alternative to the drugs. In the meantime, however, we are calling upon the international community to assist us in supporting the orphans and people living with HIV/AIDS.

On behalf of President Museveni and the Government of Uganda, I therefore wish to express our gratitude to Vice-President Al Gore for the support he has announced towards the fight against HIV/AIDS. I also wish to take this opportunity to call upon the rest of the international community, those members of the human race who are better advantaged, to join this solidarity and help the less-advantaged members of the world.

The President: May I note that, while the Minister of Health of Uganda has been here with us in New York, President Clinton's special adviser for AIDS, Sandy Thurman, is in his country today meeting with his colleagues and President. We are therefore most grateful that he is here today.

The next speaker is the Minister of Health and Child Welfare of Zimbabwe. I invite him to make his statement.

Dr. Stamps (Zimbabwe): The world has recently been through a highly expensive and largely uncoordinated exercise to eliminate the risk of some people losing some money, some places losing some data and some people disrupting their busy schedules. To some of us, in the real world, this only induces a sense of wonder that intelligent beings in the metropolitan countries can be so oblivious, so colour-blind, to what has happened in the African continent over the past 15 years.

Some $600 billion is estimated to have been spent on the millennium bug — a largely irrelevant threat, certainly, to us — while the world at large has laconically observed the exponential growth of the HIV epidemic in areas not materially linked to the growth of the international economy.

Now, with respect, ladies and gentlemen, comrades and friends, the proverbial chickens are coming home to roost. Africa may be the world's largest man-made island, as a result of the Suez Canal, but man's insatiable desire to explore and exploit distant and unknown, not to say dangerous, destinations will always overcome any cordon sanitaire, any island mentality or any sane or logical precautions that science, medicine or propriety may prescribe. So it is futile for the global community to turn its back on the ethnic destruction which the current epidemic is wreaking in my country and my continent. We have become used, even inured, to the verbal abuse to which some of our leaders have been subjected. We have accepted the repeated canard from international agencies that, except for one country, there is no political leadership in Africa on the issue of AIDS. Yet, surprisingly, many of us, my own country included, have achieved the impossible. We have induced our own populations to understand that the exercise of a completely normal, necessary and entirely pleasurable human function can have fatal consequences. I note from the manner in which the Western entertainment industry, so-called, promotes the hedonistic fruits of promiscuity, with no intimation of the potentially fatal results, and the rapid growth of the numbers of young, northern hemisphere women who are becoming HIV-positive, that metropolitan countries have something to learn from us.

In Zimbabwe the rates of sexually transmitted infections for individuals peaked in 1990 and have been going down since then. The rates of new HIV infection peaked in 1995 and have been going down since then. Zimbabwe, nevertheless, is currently experiencing one of the highest prevalence rates of HIV seropositivity in the world, but of course the rate is derived from extrapolation of sentinel surveillance data, and the sites were chosen originally with a view to detecting newly arising infections early. Thus, antenatal populations, STD clinic attenders and hospital in-patients form the main cohorts of our national statistical construct. Whether these rates will change as a result of our national Voluntary Counselling and Testing centres, where healthy people seek to determine their HIV status, is information that is eagerly awaited. Suffice it to say that the small cohort of voluntary blood donors — about 8,000 — has consistently shown very much lower rates of HIV seropositivity, and these rates are progressively declining as well, showing a dramatic reduction in seroconversion rates since 1994 and indicating that positive behaviour change is realistically achievable. Zimbabwe, uniquely in Africa, has screened all donated blood for HIV since September 1985, when the first case was identified in our country.

By the end of 1999, the National AIDS Policy for Zimbabwe had, after three and a half years of wide consultation throughout the country, been completed, and the statute establishing the National AIDS Council, which involves all stakeholders, was approved by Parliament. The fiscus introduced an AIDS levy at the rate of 3 per cent on income tax and corporate tax to provide secure financing for the activities of the Council. A previous attempt to create a cross-sectoral national AIDS council foundered because it depended too heavily on donor support and because of inadequate inputs from the Ministry of Health, as well as having no executive function.

This innovation was launched by our President on World AIDS Day, 1 December 1999, at a day-long convention in the capital, attended by more than 5,000 people. Particularly challenging were the presentations and requests from school-age children developed by the Children's Parliament, which had held its latest session in September.

The challenge now is to deal with the epidemic effectively, consistently and fully. No country, let alone one undergoing extreme financial distraint as a result of flawed macroeconomic policies, adverse terms of trade, an economic reform programme which has left just about every Zimbabwean worse off and a debt service burden consuming more than 38 per cent of the Government budget, interest rates alone being four times the allocation to the total health budget — no country can carry the weight of the health, economic and social effects of the devastation wrought by AIDS in sub-Saharan Africa.

This is why we welcome the concern shown by the Security Council, through its current President, the United States of America, and the opportunity to present not only our statistics, but also a few of our achievements and our proposals, to this highly influential body, confident that our voice will be heard.

We need to examine and correct those obstructions to our provision for this disaster. In Zimbabwe we lose nearly 1,000 people a week to HIV/AIDS; 15 per cent of those are children under five who have contracted it through their parents; 27 per cent of expenditure in our health institutions is in treating, usually unsuccessfully, HIV-related conditions; we have no access to modern therapies; breastfeeding is universally practised, and access to what the Joint United Nations Programme on HIV/AIDS (UNAIDS) calls acceptable alternatives is not feasible for any but a few well-off urban families.

The question we ask is, is this merely lack of understanding or a new form of racial discrimination, another ethnic cleansing process? The rich nations rail extensively against the mistreatment of two journalists in my country, an event we have admitted to be judged in court, and yet we are supposed to accept that withholding available therapies from those who need them is not an offence against human rights, the right to health being one of the paramount, universal rights. The disease affects everyone — poor, rich; urban, rural; employee, employer, unemployed; educated, ignorant; married, single; young, old; resident, tourist.

As Mary Fisher, a wealthy socialite infected by her husband, succinctly pointed out at the United States of America's Republican National Convention in Houston some years ago, "HIV asks only one thing of those it attacks: 'Are you human?'"

I thank the Council for listening.

The President: Thank you for your appearance here, Mr. Minister. We hope you will remain for the continuing discussion this afternoon.

In view of the lateness of the hour, and with gratitude for the extreme patience of the next speakers on the list, who are the Security Council members — in order, the Netherlands, Argentina, Canada, Malaysia, the United Kingdom, Tunisia, Ukraine, Mali and Jamaica — if they find it acceptable, I propose that we suspend the meeting until 2.30 this afternoon.

The meeting was suspended at 1 p.m.

United Nations S/PV.4087 (Resumption 1)

Security Council

Provisional

Fifty-fifth Year

4087th Meeting

Monday, 10 January 2000, 2.30 p.m.
New York

President:	Mr. Holbrooke	(United States of America)
Members:	Argentina	Mr. Listre
	Bangladesh	Mr. Chowdhury
	Canada	Mr. Duval
	China	Mr. Qin Huasun
	France	Mr. Dejammet
	Jamaica	Miss Durrant
	Malaysia	Mr. Hasmy
	Mali	Mr. Ouane
	Namibia	Dr. Amathila
	Netherlands	Mr. van Walsum
	Russian Federation	Mr. Gatilov
	Tunisia	Mr. Mustapha
	Ukraine	Mr. Yel'chenko
	United Kingdom of Great Britain and Northern Ireland	Sir Jeremy Greenstock

Agenda

The situation in Africa

The impact of AIDS on peace and security in Africa

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. The final text will be printed in the *Official Records of the Security Council*. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room C-178.

The meeting resumed at 2.40 p.m.

The President: Before I call on the next speaker on my list, I would like to ask members, now that the Ministers have all had their say, to consider shortening their statements, especially — as was said earlier by the Ambassador of France — when they repeat statistics that we have already heard.

Mr. van Walsum (Netherlands): You have invited us, Mr. President, to be brief and to the point in our statements and to concentrate on what Member States or the international community as a whole can do to address the devastating impact of AIDS in Africa. We will of course comply with your wish, but we do so with some hesitation, for anyone who speaks about AIDS in Africa feels an urge to show that he is aware of the almost unimaginable scale of this humanitarian emergency. To that end, he is tempted to highlight at least some of the mind-boggling statistics about the impact of AIDS in making his own contribution to the debate.

But we agree with you, Sir, that after the statements we have just heard from the Secretary-General, from Vice-President Gore, from World Bank President Wolfensohn, from United Nations Development Programme Administrator Malloch Brown, from Executive Director Piot of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and from the Ministers of Health of Namibia, Uganda and Zimbabwe, there is really no need for a further description of the unspeakable tragedy that afflicts Africa. In that respect virtually everything has been said, not only today but also quite recently during the meeting on the International Partnership against AIDS in Africa. Yet when we ask ourselves what the Security Council can do — and we understand this is the first question you want us to address — we are inclined to conclude that strengthening awareness has to be our primary objective.

My delegation does not need to be convinced that the impact of AIDS is a legitimate subject for an open meeting of the Security Council. The interface between AIDS and conflict in Africa seems to be obvious. AIDS is a health problem, but it is one that devastates whole economies, overwhelms entire public health systems and ultimately tends to destroy the very fabric of complete societies. As such it is responsible for an unprecedented degree of gloom and despair, which in itself is one of the most virulent seeds of conflict.

Conversely, conflicts clearly have an accelerating effect on the spread of AIDS. Soldiers and displaced civilians on the move are important sources of HIV dissemination, and in areas of conflict the fight against HIV/AIDS is particularly difficult. According to a UNAIDS report, the degree of HIV infection among military personnel may well be two to five times higher than that of the civilian population. Therefore, if the Security Council is expected to contribute to increased awareness, it might usefully concentrate on this particular aspect of the problem and call on all African States to demonstrate their commitment to combating AIDS by focusing on the armed forces under their command. Let the awareness and the responsibility and the discipline start with the military.

The Netherlands will continue to contribute to the battle against AIDS — especially in Africa — at at least the current level. According to reports from UNAIDS and the Harvard AIDS Institute, the Netherlands is the second largest donor worldwide in both absolute terms and on a per capita basis. Our contributions are made available both in a multilateral and in a bilateral context. Bilateral AIDS programmes exist with Tanzania, Ethiopia, Zimbabwe, Mozambique, Guinea-Bissau and Zambia. In addition, an AIDS component is integrated into basic health care activities supported by the Netherlands.

It is understood that the Netherlands subscribes to the statement the representative of Portugal will deliver on behalf of the European Union.

Mr. Listre (Argentina) (*spoke in Spanish*): As this is my first statement in the Security Council, I should like to extend my greetings to you, Mr. President, and to all the members of the Council, the Secretary-General and the staff of the Secretariat, who so efficiently contribute to the work of the most important body responsible for the maintenance of international peace and security.

Argentina has for some time maintained that, with the end of the cold war, it has become easier to recognize the fact that threats to international peace and security are not exclusively related to the threat or the use of force, but that they instead encompass a broader criterion that has been called human security. I acknowledge that this concept is still evolving and that it is not yet clearly defined.

We have also said that peace and development are two sides of the same coin. There can be no lasting peace where the basic conditions for subsistence, education and health are not guaranteed for the inhabitants.

It is in this framework linking the concepts of human security, peace and development that we believe the serious issue of AIDS should be considered as a factor leading to situations that have an effect on international security. In this regard, we consider it appropriate to recall that His Holiness Pope Paul VI, in his 1967 encyclical on the development of peoples entitled *Populorum Progressio*, stated that development was the new name of peace.

We have no doubt that AIDS erodes the potential for human, social and economic development — elements that are at the root of most current conflicts, both of international conflicts and of domestic ones with international repercussions.

The magnitude of the AIDS problem in Africa is evidenced by the fact that the question is being taken up in an open meeting of the Security Council, with the participation of the Vice-President of the United States of America, Mr. Al Gore, and of the President of the World Bank, James Wolfensohn, for the first time in the history of the Council, as well as by the high-level participation of Members of the Organization in the debate.

The actions that are taken, or not taken, over the next five years in combating AIDS will be decisive for the future of the countries of sub-Saharan Africa and indeed that of all humankind. In this connection, we would venture to make the following suggestions as to measures that should be taken.

In the view of the Republic of Argentina, the first step should be to recognize that AIDS is not exclusively a health problem but also affects development and, consequently, security — a key issue in the elaboration of national and regional policies. We believe that combating AIDS should be a part of national development agendas along with issues relating to combating illiteracy, hunger and infant malnutrition.

The second step, we believe, should be increasing financial assistance to this end. At the present time the international community is allocating inadequate resources to programmes to combat AIDS. The level of international response must be commensurate with the spread of the epidemic, which is increasing three times faster than the resources allocated to control it. Likewise, an increase in official development assistance, which has been declining in recent years, is necessary. This is the principal responsibility of those that have more resources — in other words, the developed countries.

In this context, in the spirit of the G-8 summit held in Cologne in June 1999, we should consider reducing the debt of the African countries most seriously affected by AIDS and least able to muster the resources to combat it. We also believe that the private sector has an important part to play in mobilizing resources.

The third step should be more active participation by civil society, including non-governmental organizations.

Fourthly, we believe that insofar as is possible we should increase cooperation among international organizations. In this respect, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Educational, Scientific and Cultural Organization, the United Nations Children's Fund (UNICEF), the World Health Organization, the United Nations Development Programme and the World Bank, *inter alia*, all do important work in the area of prevention, dissemination of information, education, and technical and financial assistance. This work should continue, intensify and, ultimately, be coordinated with the work of regional organizations.

Fifthly, we believe it necessary to intensify the coordination among international organizations, non-governmental organizations and governmental authorities.

Lastly, we cannot fail to mention the situation of AIDS orphans, which, as UNICEF has pointed out, is indeed a unique tragedy in both its scope and nature. It deserves priority attention and an emergency response.

We have just heard the situation described most eloquently. We believe that the United Nations must restate its commitment to tackle this epidemic, which is particularly serious in Africa, where it affects one out of four people, but which also exists throughout the world, including Latin American and the Caribbean, as was demonstrated by the data that was presented by the United Nations Development Programme Administrator, Mr. Malloch Brown.

I cannot conclude my statement without quoting the Secretary-General's words of 6 December 1999:

> "We must make the struggle against AIDS a true priority in our work throughout Africa, on an equal

footing with our work for peace and security." (*SG/SM/7247, p. 3*)

The Republic of Argentina fully agrees with that statement and undertakes to provide its fullest cooperation.

Lastly, I must thank, on behalf of our delegation, the delegation of the United States of America for having brought such an important issue to the Council for discussion.

The President: I thank the representative of Argentina for his kind words about our presentation and for his presence here today.

Mr. Duval (Canada): The Canadian delegation is very appreciative of the briefings provided by the Secretary-General, Mr. Wolfensohn, Mr. Malloch Brown and Dr. Peter Piot on ongoing efforts to address the unfolding tragedy of AIDS in Africa. We also very much welcome the profile given this crucial problem by the participation of Vice-President Gore in this important meeting of the Security Council. Canada has consistently argued that the Council must broaden its definition of security to include non-traditional threats, especially those which affect human security. We commend you, Mr. President, and the American delegation for giving the Security Council the opportunity to consider the AIDS issue in the context of peace and security in Africa. We also wish to commend the work of Ambassador Greenstock of the United Kingdom delegation, focused during December on difficult issues of peace and security in Africa.

(*spoke in French*)

The AIDS pandemic represents a formidable threat to the development of government institutions, economic growth, political stability and human security in several parts of the world. The figures that we heard this morning show that in Africa this pandemic is more murderous than war. The reality is that a third, if not half, of Africans employed in the sectors of health, education, and security and in the civil service are likely to die of AIDS over the next five to 10 years. This is not just a human tragedy but also a real threat to peace and stability in the countries affected, which are already confronting many other challenges. The efforts of African Governments to stem the AIDS tide are hampered by civil strife, refugee flows, rapid urbanization and poverty, each of which, in turn, contributes to the further spread of HIV infection and AIDS.

We must also consider the pandemic's impact on the ability of African States to continue to play their part in several peacekeeping operations around the world and in Africa itself. In sub-Saharan Africa, Ministries of Defence report averages of 20 to 40 per cent HIV positivity within their armed services. As the disease progresses, this will mean a loss of continuity at command level and within the ranks of the army, and a reduction in the effectiveness of prior peacekeeping training. Furthermore, in line with the guidance provided by the Department of Peacekeeping Operations, all peacekeepers, international observers and relief aid workers need to fully understand, both personally and professionally, the risks associated with inappropriate sexual behaviour, and this is usually what is involved.

Canada has been involved in the international fight against AIDS since 1987. Total Canadian funding in support of HIV/AIDS projects in developing countries reached $22 million in 1999 alone. Canada's focus has very much been on Africa, with four of five major projects on that continent dealing with the promotion of sexual health, HIV/AIDS control and prevention, the strengthening of primary health-care capacity and addressing the special needs of women and vulnerable groups.

Last September, Carol Bellamy spoke of the need to break the conspiracy of silence surrounding AIDS as an important step in addressing the problem in Africa. We congratulate Uganda and its Minister; indeed, that country has set an example by reversing this devastating trend. We also welcome the importance given to the issue by President Moi of Kenya and President Mkapa of Tanzania in their recent millennium addresses.

Like Secretary-General Kofi Annan, we also welcome the courageous decisions of most African Governments in recognizing that the first battle to be won in the war against HIV/AIDS is to break the silence and remove the stigma surrounding it. Dr. Piot reminded us this morning that efforts already taken have yielded positive results. Clearly, strong political commitment and a united response on the part of Africans themselves will go a long way in mitigating the impact of AIDS over the short term, stemming the disease's growth over the medium term and, hopefully, over the longer term working towards its complete eradication.

It is equally clear that Africa cannot face this problem alone. Canada is one of many countries which has joined efforts with non-governmental and multilateral organizations to assist Africans in their fight against AIDS. The Secretary-General's launch of the International Partnership against AIDS in Africa last December is a welcome development which should help ensure a coordinated approach involving national Governments, private enterprise and multilateral agencies.

Only two decades after the breakout of HIV/AIDS, important progress has been made in understanding the virus and the relationship between HIV/AIDS and human development. AIDS is no longer a single health problem. It has become a complex, multifaceted issue for development.

The pervasiveness of conflict in Africa has been a key stumbling block to development. War steals resources. Therefore, the first and most obvious way the Council can contribute to Africa's fight against AIDS is to intensify its engagement in preventing and resolving conflict on that continent.

For its part, Canada pledges to support African Governments as they take the lead in generating their own national strategic plans to combat HIV/AIDS, to support communities and community groups in their responses to HIV/AIDS, to establish priorities in programming to ensure optimal impact and cost effective interventions, and to promote sustainable human development through a broad approach including basic human needs — basic education, primary health care and gender equity.

Mr. Hasmy (Malaysia): At your request, Mr. President, I shall go straight to the subject without the usual complimentary remarks to Vice-President Gore, to you, Sir, and to Ambassador Greenstock, which have been well expressed by previous speakers with which my delegation associates itself.

We are all too familiar with the AIDS statistics affecting Africa. Many of these compelling facts have been cited and highlighted by virtually all of the distinguished speakers during this morning's session. I will therefore not repeat them here. Suffice to say the AIDS epidemic in Africa is indeed a pandemic affecting millions of people, many of whom have succumbed to this terrible disease and many still living but barely surviving. Many more will be infected in the years to come until and unless humanity finds a way to stop the spread of the pandemic once and for all.

Clearly, the impact of AIDS on Africa has been particularly debilitating. In the words of the Secretary-General,

> "the AIDS pandemic — unexpected, unexplained, unspeakably cruel — presents us, especially Africa, with a tragedy we can barely comprehend, let alone manage".

Its effects are of tragic proportions, destroying the very fabric of society. Over the last two decades, since it first reared its head, it has become not just a public health problem, but a problem with socio-economic and, increasingly, security dimensions. It presents an enormous challenge to African Governments in their developmental efforts as the best of national planning goes awry in the face of the devastating effects of the disease, especially when valuable human capital trained at great cost falls victim to the disease.

It is obvious that the AIDS issue is no longer an essentially African problem. It has become a global problem affecting many regions of the world, including my own region of Asia, where it is also becoming an issue of major concern. Indeed, very few regions have been spared its pernicious effects, although the developing countries bear the greatest burden on account of their lack of capacity to contain the HIV/AIDS virus. Therefore, it is fitting and proper that the fight against AIDS be mounted on a global scale, as that is the only way the scourge could conceivably be contained and eventually stamped out. For this purpose, there is a need to launch a concerted and vigorous global campaign against HIV/AIDS involving a multipronged approach, involving publicity to sensitize both Governments and publics, care and education at every level of society, policy coordination within and between Governments, medical research, and greater involvement of civil society and the private sector.

In this regard, the first ever meeting on international partnerships against HIV/AIDS in Africa, held at the United Nations Headquarters in New York on 6 December 1999, was welcome and timely. In his address during that meeting Secretary-General Kofi Annan, *inter alia*, underscored a number of priority objectives, namely, to break the conspiracy of silence at every level, to meet the needs of those already infected and their families, to make effective treatment available at affordable prices to Africans, to speed up the work of developing a vaccine and to use all available means to halt the spread of the disease.

The meeting on international partnerships was the first major step in the right direction in galvanizing and coordinating global action towards addressing this scourge of our generation. It was an action-oriented meeting. The United Nations and other agencies involved, namely the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its cosponsors, must be commended for this initiative in focusing on the impact of AIDS in Africa. We wished this meeting could have been organized much earlier so that the AIDS issue in Africa could have been addressed much sooner, but late is better than never. There should be concrete follow-up actions in the coming months, and in this regard my delegation looks forward to an agreed plan of action expected to be finalized in May this year.

In our efforts to galvanizing global action to combat the HIV/AIDS virus worldwide, beginning with Africa as being the most seriously affected region, we should not lose sight of the fact that while the virus knows no boundaries and attacks indiscriminately, it is the poorer developing countries that are most traumatized by the disease. Therefore there is a need for the wealthier developed countries — out of enlightened self-interest, if not pure altruism — to make available more resources to ameliorate the effects of the disease in the developing countries, particularly the affected African countries.

Many of the African countries, burdened with crippling debts, simply do not have the resources to carry out effective prevention programmes or to provide treatment to their people infected by HIV, as the drugs necessary for the treatment are exorbitantly expensive. This is where developed countries can and should play a major and constructive role. They can, through their economic aid programmes, make available the necessary drugs to African countries. More importantly, they should pressure their pharmaceutical companies to reduce the prices of these drugs or allow compulsory licensing of life-saving drugs.

Indeed, at the International Congress on AIDS in the Asia-Pacific region held recently in Kuala Lumpur, the Prime Minister of Malaysia, Mahathir Mohamad, drew attention to the fact that compulsory licensing was allowed under the World Trade Organization but that, regrettably, certain countries had aligned themselves with the giant pharmaceutical companies, thereby denying developing countries the right to produce cheaper drugs to save the lives of their people. While it is true that pharmaceutical companies have made heavy investments in research, they should not try to recoup their costs and reap profits at the expense of the sufferings of the poor. As Prime Minister Mahathir said, it is regrettable that profit is taking precedent over people's lives. He felt that the developed countries, with their unprecedented wealth, could do more to reduce the burden of the poor countries in this regard.

We must not only do more in addressing the AIDS epidemic; we must do it better. The United Nations system, with its global mission of protecting and promoting human rights, peace and security, is uniquely placed to provide assistance on very often difficult policy matters relating to AIDS. The role of the United Nations in combating AIDS is particularly pertinent, for, after all, two of the most fundamental of human rights are the right to life and health.

It is regrettable that when the world first learned about HIV/AIDS infections, we underestimated the breadth of the deadly path it would cut through the world. Even as we are gradually coming to grips with it, we are still underestimating the impact of the epidemic. And, unfortunately, we are also underestimating our ability or capacity to stop it — or at least to slow it down, as evidenced by some of the success stories we have heard this morning, particularly regarding Uganda. We look forward to hearing further success stories in the coming months and years.

In Africa, comparisons with the medieval bubonic plague are not misplaced. To prevent an even greater catastrophe, we need to work together — Governments, businesses, universities, non-governmental organizations, religious organizations and the media — to do more, to do it better and to do it now. Yes, new resources will be required. But the cost of action will certainly be less than the cost of inaction. In this regard, my delegation commends the important package of initiatives that the United States intends to take, as announced by Vice-President Gore in his statement this morning.

We welcome these initiatives as a manifestation of enlightened leadership on the part of the most influential member of the international community. We trust these initiatives will be vigorously pursued and emulated by other developed countries that have not yet done so. Indeed, nothing could be more appropriate and more welcome than for the developed countries, led by the United States, to launch a kind of Marshall Plan for Africa to assist the continent in combating this scourge.

I wish to congratulate you, Mr. President, on organizing this meeting of the Council on the impact of

AIDS in Africa and its consequences for regional peace and security, which has dramatized the concerns of the international community on this important subject. It is a timely wake-up call for the international community and reinforces the efforts of the General Assembly and other organs of the United Nations, as well as that of the Secretary-General.

The President: I thank the Ambassador of Malaysia for his important comments and kind words and for his support in this innovative concept.

The representative of the United Kingdom of Great Britain and Northern Ireland set the tone for this month's focus on Africa by his enlightened and inspired leadership of the Security Council in the last month of the last century.

Sir Jeremy Greenstock (United Kingdom): I am setting aside my speech and will just make one or two extempore remarks. First of all, I applaud your initiative, because you have hit on the first thing we can do and are doing, which is to give this subject profile. Our thanks go to Vice-President Gore for doing that in spades. It needs profile, because not all African Governments are even acknowledging that they have got a problem. Let us applaud those who are — such as Uganda and Senegal for actually starting efficient programmes on AIDS, and several other countries whose leaders are now beginning to acknowledge that something needs to be done. Mozambique, Kenya, Swaziland, Botswana, Zimbabwe and Namibia are all clearly beginning to do that; but there are many others that are not. I think they need to report this meeting and our interest in this subject, as a security subject, to begin to get behaviour to change, as the Ugandan Minister told us so clearly.

We ourselves, I think, are adding to the destigmatization of AIDS by having this meeting. But it has got to be taken up by Africans. The fact is that the prevalence of AIDS in Africa is a symbol of the comparative failure of development, security and education in Africa. That is an African failure, and it is an international failure. It is not just one or the other. It is the failure of both Africans and non-Africans. We have got to inspire a different approach.

The second thing that is needed, apart from profile, is resources. I think there is nothing that has been said today in detail that is more important than the American announcement on resources, but let us all put in our own bit where we have done something. Last January, the United Kingdom started a £100 million programme over a three-year period on global AIDS. My Prime Minister announced that £23 million of that would go to Africa last month. Let us see what this money is going to be spent on. It is going to be spent in the following way: £40 million worth to research a vaccine; £7.5 million for a regional AIDS initiative focused on prevention activities with the Southern African Development Community (SADC), in southern Africa, and more than £1 million going to train volunteers to go out into African countries and spread the message.

We have a £35 million health programme with Malawi that is focusing on sexual and reproductive health assistance programmes, and many other detailed programmes with individual countries, including the distribution of condoms. These programmes are beginning to attack the actual problem we are facing.

Mr. President, now I want to ask you a question: how are we going to follow this up? It is all very well to produce rhetoric, but, as I said earlier, we have done the main work of today in the fact of having this meeting, and rhetoric is not going to help. The Security Council is only one element of this. I hope that before your month is over, you will have organized a systematic cooperation between the Security Council and other organs of the United Nations that takes this subject forward. Otherwise, we will stop with the words that we produced today.

Secondly, the United Nations — and the Secretary-General must lead here — must have a system and a structure for cooperation with other international institutions and with Governments — and, as people have said, with civil society. How is that going to happen? For a start, I have mentioned one or two things that the United Kingdom is doing. Is there going to be a register or a clearing house of what programmes are being done, in which countries, to what end? Otherwise, we will start duplicating, or we will leave great gaps in countries that desperately need help. So can we have a register or a clearing house that exemplifies the coordination that we are now all calling for?

Thirdly, we need leadership on this. That leadership has got to come partly from the United Nations, from the Secretary-General and from the Security Council, from the Economic and Social Council, from the World Health Organization, from the World Bank and others. The Joint United Nations Programme on HIV/AIDS (UNAIDS) can perhaps bring this together. The United Nations Development Programme (UNDP) can play its part.

The UNAIDS analysis of where we have got to with the AIDS catastrophe in Africa was an excellent piece of work. No further analysis is needed today. Where is this leading? And what kind of role is the Security Council going to play?

What I think we need has already been said; but let us say it again. It is five things: political will — that means also profile; resources; capacity on the ground so that programmes are well led and get to the points that are necessary with expertise; partnership and coordination; and research — we have got to have a vaccine.

Every developed country should be able to say publicly what money it is putting into an AIDS programme — and an AIDS programme in Africa. And then we might be getting somewhere.

The President: The representative of the United Kingdom has asked a series of questions that we cannot leave hanging in the air. I hope future speakers will address these questions.

The next speaker is the Ambassador of Tunisia, but before calling on him, I would like to ask Dr. Piot if he would respond to one specific point that Ambassador Greenstock raised, and that is the question of a clearing house. Does one now exist? Do you have a plan? Could you give us all just a very precise response to that specific question?

Dr. Piot: Yes, actually, this is one of our major functions and roles. Such a clearing house exists on a regional basis and in countries. The theme groups on HIV/AIDS started doing that within the United Nations system four years ago. Now they are reaching out; bilateral donors, other actors, are joining these groups, and one of the first functions is information exchange. That is also happening at the continental level; and it is something that is available partly through web sites as well as through other means.

What I think will be needed is to push that through, because, first of all, not every body has included HIV in its development portfolio; and secondly, we also have to do a better job when it comes to the private sector and non-governmental organizations — what they are actually taking on. The basis for that certainly exists and has to be improved. I think this debate will greatly help that.

The President: I would simply request Dr. Piot — bearing in mind that we have never discussed this issue before, but that it may, as many speakers have suggested, remain open for continuation — perhaps to circulate to the members of the Security Council responses in writing to some of the specifics, such as that one, in order to further illuminate us, as I am sure he already does with the Economic and Social Council.

Mr. Mustapha (Tunisia) (*spoke in Arabic*): Although you, Sir, have asked us to refrain from conveying expressions of admiration and gratitude, as well as statistical analyses, I cannot help but express, albeit briefly, our admiration and gratitude to your friendly country for this important initiative, which reflects the international community's interest in the situation in Africa and highlights the disastrous impact of HIV/AIDS on peace and security in Africa. We must also thank the Secretary-General and those who spoke this morning.

The very fact that the Security Council is addressing the issue of HIV/AIDS is in itself a positive step that will help increase international public awareness of the dangers of this epidemic and of the need to adopt a global strategy, mentioned repeatedly this morning, to combat HIV/AIDS in the context of coordination and complementarity and through the agency of competent structures and organizations. We know that poverty, hunger, debt and natural disasters, along with HIV/AIDS, undermine African communities and destabilize African societies. This is likely to lead to the expansion of conflicts and crises. Tunisia hopes that all these problems will be taken up by the international community with the same degree of interest.

I shall not repeat the frightening statistics cited by speakers this morning, although they clearly show that HIV/AIDS is a major threat and that we must all act to halt this crisis, which has touched countless people, especially in Africa, and has jeopardized their basic right to life. We feel that the enormous amounts of money and efforts aimed at achieving peace, security and development can be fully realized only if all the parties involved act with resolve and allocate sufficient resources to control this scourge. Thus, we reiterate the need for the social commitment of all governmental and non-governmental institutions and of civil society in order to lift the veil of silence surrounding this disease and to prevent discrimination in treating its victims. We would urge the international community to support the commitment of African States to combat this epidemic.

As an African country, Tunisia cannot but welcome the courageous initiatives taken by brotherly African countries that have adopted effective measures for prevention and awareness and borne the economic and social burdens of HIV/AIDS. We welcome the positive achievements of some of these countries, which deserve support and encouragement at the national level.

At the continental level, we must recall that this question was accorded early interest by African leaders. The 1992 Dakar summit of the Organization of African Unity (OAU) adopted a declaration on HIV/AIDS, through which all the leaders of Africa committed themselves to mobilizing all the resources necessary to combat and prioritize this disease. The Tunis summit of 1994 adopted a resolution recommending that the Secretary-General of the OAU create a special mechanism to follow up and ensure the implementation of the Dakar declaration.

At Tunis, the OAU studied this question closely and the President of the Republic of Tunisia sent a message to the international community that focused on three factors: the need to ensure international cooperation; the need to strengthen international commitment and African efforts; and the need to support scientific research and to make it available to all countries. At the 1998 Ouagadougou summit, the OAU established a fund to combat HIV/AIDS and its Council of Ministers, at a meeting held in Algeria last year, adopted a project for cooperation between the OAU and programmes of the Joint United Nations Programme on HIV/AIDS (UNAIDS) to ease the suffering of those afflicted.

The United Nations role in coordinating and establishing intervention priorities remains important and desirable if we are to achieve the anticipated goals. The initiative of the International Partnership against AIDS in Africa, mentioned by the Vice-President of the United States, reflects the will and determination of the international community to define an integrated strategy and to deepen awareness of the enormity of human losses. We also support the proposal made by the Secretary-General in his statement of 6 December 1999, which established priorities for action.

In order to implement these priorities, however, structures and mechanisms must be created, such as the international fund proposed by the representative of France this morning. It is also necessary to have a clear vision of the future that will allow us to create a better tomorrow for Africans.

In conclusion, we welcome the United States intention, announced by Vice-President Gore this morning, to allocate extra funds to combat HIV/AIDS worldwide, as well as the measures and projects of the World Bank aimed at supporting and assisting the Governments concerned. We hope that these will encourage all parties. We are willing to coordinate our efforts with those of the international community and African countries to combat this disease, which we have been fortunate enough to limit to a minimum in our country, despite the estimated 5.5 million tourists who visited our country last year.

The President: On behalf of the Council, I would ask the representative of Tunisia if he might, at some future date, distribute a paper on his last point, outlining how he thinks prevention was successful in Tunisia, where it was not in every other country.

Mr. Yel'chenko (Ukraine): Like previous speakers, my delegation would like to thank you, Sir, for convening this meeting on a subject of common concern to the international community. We are also grateful to the Secretary-General, as well as to Mr. Wolfensohn, Mr. Malloch Brown and Mr. Piot for their informative and stimulating introductions.

It is symbolic indeed that the first formal meeting of the Security Council in the new millennium, so ably launched by Vice-President Gore, opens up the discussion of issues of a global dimension and importance, among which the problem of AIDS ranks as one of the gravest. This also demonstrates an increasing role of the Security Council in addressing humanitarian, economic and social aspects of international peace and security.

Ukraine is honoured to take part in this discussion as a member of this body. This status and the trust of the international community, placed in Ukraine when it was elected to serve in the forefront of the United Nations efforts to maintain international peace and security, confer upon us an enormous responsibility. Having been elected to the Security Council for the first time since its independence, Ukraine is ready to make its meaningful and worthy contribution to the Council's work and to discharge this important mission in a spirit of openness and cooperation while maintaining a wide and constructive dialogue with all Member States. We will strive to bring the Ukrainian perspective into the Council's activities. Standing at the crossroads of North and South, East and West, we will bring to the Council all the knowledge and experience of our geographic destiny. Our work in the Security Council will be a recognition of the vital role that the United Nations has played in consolidating Ukraine's independence, preserving its territorial integrity and securing its peaceful integration into the commonwealth of nations.

For almost two decades mankind has been at war with an invisible enemy. So far, we have only been on the defensive, and our losses are comparable to those in real warfare — we have already heard the statistics. There is virtually no country in the world which has been so lucky as to escape the dark cloud of the HIV/AIDS pandemic. Yet for Africa, the story is the worst.

The impact of AIDS on the countries of sub-Saharan Africa is especially devastating. It kills the most productive and active part of the population, thus increasing labour costs, reducing formal and informal sector productivity, eroding human, social, economic and infrastructure development and increasing health and welfare expenditures. AIDS also threatens the ability of African States to sustain credible defence forces, thus making it increasingly difficult to maintain domestic and regional security.

One cannot but mention another horrible result of the AIDS epidemic in Africa that has already started to develop into an even bigger human tragedy. In previous decades, about 2 per cent of children in the developing world were orphaned. Because of AIDS, the rates in some African countries, according to studies, have risen to 11 per cent, thus creating a generation of children who have not been nurtured, properly fed or educated. They in turn also become susceptible to AIDS, as well as to crime, induction into rebel militias and other destabilizing phenomena.

I would also like to mention yet another disturbing aspect of the problem, also rightly referred to by the Secretary-General, and that is the connection between the HIV contagion and military conflict. The rise of inter-State and inter-ethnic hostilities in Africa in the 1990s and the large number of refugees created by them became a catalyst for a major explosion in the spread of the virus, which is yet to show up statistically.

By defusing existing conflicts on the continent and preventing new ones, the Security Council will thus make its meaningful contribution to the work carried out by the agencies and organizations within and outside the United Nations system in fighting HIV/AIDS.

Ukraine fully shares the concern that brought about this meeting in the Security Council. My country has also been hit by the AIDS epidemic, which has been spreading at an alarming rate in recent years. At some point this problem became so evident that the Government of Ukraine began to address it, not simply as a health or social issue, but rather as a national security issue. The first and probably the most important lesson we learned is that the problem of AIDS should be fully recognized; it must never be ignored or underestimated.

We are confident that today's discussion will contribute to increasing the global awareness of the AIDS problem. At the same time, we realise that AIDS will continue to be a serious challenge for many years to come. Only the concerted efforts of the international community will be able to address it successfully. Ukraine stands ready to join these efforts.

In conclusion, Mr. President, let me express our strong hope that this Security Council meeting will provide a powerful impetus to the beginning of a qualitatively new stage in the struggle of the international community against AIDS. Ukraine believes that it is high time for the United Nations to update a comprehensive agenda for action against this pandemic. In this connection, it might be appropriate that the Security Council use its prerogatives and recommend to the General Assembly that it convene a special session to consider new strategies, methods, practical activities and specific measures to strengthen international cooperation in addressing this problem.

The President: Thank you, Mr. Ambassador, particularly for the insight into your own country's dealing with this problem. I would call everyone's attention to the fact that the Ambassador concluded with a proposal that we consider a General Assembly session on this issue at a later date.

It is now my pleasure to call on another new member of the Security Council, the representative of Mali, Ambassador Ouane. Welcome to the Security Council, Mr. Ambassador.

Mr. Ouane (Mali) (*spoke in French*): Mr. President, I would also like to defer to your wish to save some time for the Security Council, but before expressing my views as Permanent Representative of Mali, I must ask you to allow me to read aloud a message from Mr. Alpha Konaré, President of the

Republic of Mali and current Chairman of the Economic Community of West African States (ECOWAS), addressed to you on the occasion of this meeting. I quote:

> "In my capacity as Chairman of ECOWAS, it is my pleasure to address to you, Mr. President, my warmest congratulations on behalf of the Governments and peoples of our subregion on the excellent initiative that you have taken in devoting a meeting of the Security Council to the consideration of the impact of AIDS on peace and security in Africa. This initiative, there can be no doubt, makes it possible to break the complicitous and unacceptable silence that allows AIDS to develop today. This silence is aggravated by the well-known insufficiency of the resources applied until now to eradicate this scourge, the impact of which needs no evidence beyond the following figures.
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> "Of the 33 million people affected by the AIDS virus, 22 million, in other words 70 per cent, are in Africa south of the Sahara. Today, AIDS orphans number 8 million, and every minute five more people become infected. This pandemic is a tragic threat to the future of our countries and in some regions is even a factor of economic and social destabilization which is a threat to peace and security in Africa.
>
> "In the face of this distressing situation, we must organize ourselves as of now and to wage a crusade against AIDS in which African leaders must bear their share of responsibility. I appeal for a significant increase in the international community's commitment in the framework of this crusade in order to step up research throughout the world on AIDS, to increase prevention and to provide the necessary support to the millions of persons who are affected by HIV/AIDS, in particular the men, women and children of Africa infected by the pandemic.
>
> "In expressing the wish that, above and beyond this historic step taken now by the Security Council to increase the awareness of the pandemic, there will be concrete measures as a result of this meeting that will give hope to all humankind, the hope of fair treatment for all, I wish your work every success."

The message is signed by Alpha Konaré, President of the Republic of Mali and current Chairman of ECOWAS.

I shall now speak in my capacity as Permanent Representative of Mali. I would like first of all to associate myself with those who have congratulated your country, Mr. President, and you personally, for having organized this meeting. As a prelude to other meetings also devoted to Africa during the course of this month, today's meeting bears witness to your own personal commitment and to your country's interest in Africa. The presence at this meeting of Vice-President Al Gore offers further evidence of this, and I should like to thank him for his important statement.

Our thanks also go to the Secretary-General for his enlightening statement on a subject of fundamental importance to Africa. Today's meeting has also enabled us to hear Mr. James Wolfensohn, President of the World Bank; Mr. Mark Malloch Brown, the Administrator of the United Nations Development Programme (UNDP); and Dr. Peter Piot, the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), who all made detailed and instructive statements which make clear the enormous extent of the challenge before us.

I will not refer to the absolutely horrifying statistics on the consequences of the AIDS epidemic in Africa. They have been described at length since this morning. For my part, I would like to draw attention to a very clear fact: peace and security do not consist merely in the absence of military conflict; they also depend on the socio-economic realities of nations. In that respect, the AIDS pandemic today undoubtedly constitutes a factor for upheaval in the economic and institutional order, especially in Africa. In fact, many studies indicate that the direct cost of AIDS will be 15 to 20 times higher for national budgets in Africa than for those in Western countries. As for the indirect costs, as the productive sector in particular and the population in general are affected directly, there will be a drastic decline in skilled and unskilled labour. The foreseeable economic consequence will be a decline in the competitiveness of the African economy, which in the short term is already seriously ailing at the international level. It seems, therefore, that the AIDS epidemic is the most serious threat to the development of the continent.

Therefore, we cannot evade the question of how to explain the humanitarian disaster and the threat to the development of Africa that the AIDS pandemic constitutes. We know that AIDS has appeared against a backdrop of crises, first and foremost and economic and social crisis. Indeed, the growing impoverishment of African societies related to global recession has led to a disintegration of the social fabric and the progressive disappearance of the familial and social controls that govern the lives of communities and individuals.

Secondly, there is an identity crisis. This results from the economic and social crisis and also from the fact that individuals lose their bearings and reference points, as well as from the fact that the continent is increasingly open to the outside, even to aggression. In fact, powerful media influences, with which local resources cannot compete, flood Africa with overwhelming sounds and images of violence that are not always positive. Stabilizing indigenous cultures are collapsing a daily basis.

Lastly, there is a political crisis, characterized by crumbling State health systems that manage to cover barely 20 per cent of the health-care needs of the population, almost 30 years after independence.

My delegation believes that the solution to the problem of AIDS involves, at least in part, the search for answers to each of the crises that affect the continent. Dr. Piot made a similar comment this morning. It is clear that to conquer AIDS, the international community must implement a global and coordinated strategy. In this respect, our thinking could focus on three questions. First, how do we organize health services in order to deal with the AIDS epidemic, especially the explosion in health-care costs? Secondly, how do we manage the ethical problems relating to people who are HIV-positive or who have AIDS? Thirdly, what communications policies can be adopted to encourage the individual to adopt new sexual behaviour?

African countries are already tackling the AIDS problem. Useful experience has been gained in different areas. In Mali, the Government has implemented a short-term plan, covering the period 1997-1999, and two medium-term plans covering the period 1989-1998, and a 10-year health development plan, covering the years 1998-2007. These plans, like other experiences and experiments in different parts of the continent, involve innovative measures to take the problem of AIDS out of the realm of medicine and to socialize it. It is essential that such efforts be stepped up.

In this context, we can identify three main areas for action. The first relates to the decentralization of the struggle against AIDS. More or less everywhere throughout the continent non-governmental associations and organizations have shown proof of their dynamism and commitment to the fight against AIDS. They have begun to use new methods of social mobilization that address different age categories and initiation rights. The second area relates to the definition of an institutional framework to resolve legal and ethical problems related to AIDS. This is also essential if we are to maintain a society that is united in the struggle against the pandemic. The third area involves identifying new channels of communication so as to prompt individuals to change their patterns of behaviour.

Because of its extraordinary complexity, AIDS requires the commitment of individuals and of society, of the elite and of communities in general. The challenge that it poses to humankind is an incentive for commitment which must be unwavering, because the very survival of humankind is at stake. Africa, burdened by its many handicaps, is facing a tragic situation. That is why it needs international solidarity in order for it to make full use of its own fighting capacities. In that respect, my delegation fully supports the initiative of the UNAIDS programme, which is intending to implement an international partnership against HIV/AIDS in Africa. That partnership will need the international community to mobilize with the main objective of dealing with the disease so as to reduce significantly its human, social and economic cost in Africa.

The President: I should like to ask the representative of Mali to thank President Konaré for his important message to the Security Council, which we welcome.

The next speaker on my list, and the last member of the Security Council to take the floor today, is the representative of Jamaica. We are delighted that Jamaica, which is welcomed here by its many friends in the United Nations, has joined the Security Council.

Miss Durrant (Jamaica): First of all, I wish to thank you, Mr. President, for the welcome extended to Jamaica as a new member of the Security Council and to commend you and the delegation of the United States for having organized this debate on an issue of importance not only for Africa but for the international community as a whole. My delegation was therefore very pleased that Vice-President Gore opened the meeting and set the tone for our deliberations. I also wish to express our appreciation to your predecessor, Sir Jeremy Greenstock of the United Kingdom, for his effective guidance of the Council during December.

Today, the Council is taking a new step forward in recognizing the threat that the HIV/AIDS epidemic in

Africa poses to the peace and security of that continent. The many reports available to us point to one undeniable fact: the AIDS epidemic has reached catastrophic proportions and has created a serious development crisis, threatening the future growth and prosperity of the affected countries.

As the Secretary-General reminded us last December:

> "Twenty years ago, the global community had not even heard of AIDS. Today, the AIDS pandemic — unexpected, unexplained and unspeakably cruel — presents us, especially in Africa, with a tragedy we can barely comprehend, let alone explain."

For us to ignore the effects of the AIDS epidemic on the people of Africa would be an abdication of our responsibilities. It would be morally wrong. Indeed, the AIDS epidemic is a worldwide phenomenon having deleterious effects on all regions of the world, including my own region of Latin America and the Caribbean.

We have heard the grim statistics that point to the conclusion that AIDS can no longer be treated solely as a health crisis. As it continues to take its deadly toll on the population, it has adverse impacts on the social fabric of society. It destroys the productive capacity of the people, significantly reducing life expectancy and per capita gross domestic product. This, in turn, exacerbates poverty, often leading to political unrest and violence, and provides a feeding ground for conflict and rebellion. Marginalized and orphaned children further add to the pool of recruits fuelling violence and, possibly, armed conflict.

We know that internal political pressures lead to internal conflicts. We also know that before long, many internal conflicts spill across open, unprotected borders into neighbouring countries. Very soon, what may have started out as a local conflict becomes internationalized. Massive flows of refugees, many infected with HIV/AIDS, provide even more opportunities for the spread of the disease. The data further demonstrate that the risk of contracting AIDS in a refugee camp is six times the risk in the general population.

We also know that in situations of conflict, HIV/AIDS spreads indiscriminately. It spreads to women, children, humanitarian workers, peacekeepers, soldiers and rebels alike. The cycle of the epidemic seemingly has no end in sight, unless the world community acts in unison to end this scourge.

We are cognizant of the efforts undertaken by national Governments and regional and global organizations to respond to the AIDS epidemic in Africa. We may conclude, from the interrelationship between the AIDS epidemic and peace and security in Africa, that the Security Council has a role — indeed, a responsibility to join with these forces — in seeking solutions to the problem. We therefore call upon the Council to recognize this relationship in its peacekeeping and peace-building mandates and to seek ways of cooperating with all interested parties.

Furthermore, the Security Council's role in conflict prevention must be enhanced so as to eliminate the environment that is conducive to the spread of HIV/AIDS. In this regard, increased resources must also be allocated to the preparation of peacekeepers, military observers and humanitarian workers.

Today's debate points once more to the recognition of the fact that peace and security cannot be divorced from the socio-economic root causes of conflict. It further points to the need for greater coordination between the Security Council, the General Assembly, the Economic and Social Council, the specialized agencies, the Bretton Woods institutions and the United Nations funds and programmes.

My delegation wishes to thank the Secretary-General, the Administrator of the United Nations Development Programme, the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the President of the World Bank for demonstrating in their statements the commitment of the United Nations system to the fight against AIDS.

The recently launched International Partnership against AIDS in Africa — which brings together Governments, the United Nations, civil society and the private sector — is a significant step in the right direction. The Security Council can, and should, provide the moral and political commitment necessary to garner the global financial and technical resources needed to support the work of UNAIDS and of the Partnership in general.

While researchers continue to seek a cure for AIDS and to develop vaccines, the international community must build on the experiences and lessons learned from those countries that have successfully reduced the spread of the disease. We must remove the stigma of AIDS through public education, providing information on how the disease is transmitted and changing at-risk behaviour. We must provide public health facilities for testing, particularly for women of child-bearing age. We must reduce the cost of medication and treatment and make them widely available. We must provide social and economic support, particularly to those orphaned by AIDS.

We have indeed embarked upon an urgent mission that requires the full attention of the international community if we are not to lose the brightest and best of an entire continent.

The President: This completes the speeches by members of the Security Council. We will hear the remaining speakers after a suspension of three minutes.

I would like to point out that at the current rate of speaking, we have over three hours left to go. If each speaker would kindly try to cut his or her remarks to four or five minutes — which I think is quite possible in most cases, although those countries that are the subject of the debate may legitimately wish to take a few extra moments — it would be greatly appreciated.

The meeting was suspended at 3.55 p.m. and resumed at 4 p.m.

The President: In accordance with the understanding reached in the Council's prior consultations, and in the absence of objection, I shall take it that the Security Council agrees to extend an invitation under rule 39 of its provisional rules of procedure to Dr. David Satcher, Assistant Secretary for Health and Surgeon-General of the United States.

There being no objection, it is so decided.

I invite Dr. Satcher to take his seat at the Council table.

The President: The next speaker is the representative of Algeria. I invite him to take a seat at the Council table and to make his statement.

Mr. Mesdoua (Algeria) (*spoke in French*): Mr. President, out of a desire for concision you asked us to omit the customary congratulations and to refrain from quoting figures, alarming though they are, as they have been set out at length and in detail since this morning. But if I agree to make a sacrifice of these figures, since they have been mentioned repeatedly, allow me at least to congratulate you warmly, on behalf of the Organization of African Unity (OAU) and of Algeria, on your assumption of the presidency of the Security Council and to express to you our profound gratitude for your interest in our continent. This interest gives us a great deal of hope.

We would like to believe, as we enter the millennium's first month — much of which, Mr. President, you wish to devote to African issues — that the Council will finally be able to assume its responsibilities vis-à-vis Africa by moving from the stage of statements of intention to that of action.

In this respect, the important statement made by the Vice-President of the United States this morning and the substantial financial contribution that he announced, which we welcome, heighten our expectations. Likewise, the very useful debates held last month — initiated and led by Ambassador Jeremy Greenstock, whom we thank — charted courses for us to follow. I would also like to thank the Secretary-General for his important contribution at the beginning of the meeting this morning.

For nearly two decades, Africa, which, under the most adverse conditions, is already facing numerous challenges and threats, has been suffering from the full impact of a fearsome pandemic that is attacking what it holds most dear: its human capital. The pandemic is also increasingly compromising its chances of recovery and of regaining its place in the family of nations.

The consequences of this terrible scourge are serious and numerous, and they affect equally the peoples and the economies of the countries concerned.

At the human and social levels, the cost is very high. Women and children are paying the highest price. The vulnerability of women — and particularly of pregnant teenagers in the age group 15-19 — is frequently increased by numerous other factors. Children, for their part, are either infected by the virus, to the point where in some countries three quarters of the beds in paediatric wards are occupied by children with AIDS, or abandoned, their parents having succumbed to the disease.

Even more serious is the fact that in certain countries the mortality rate for children under the age of 5 is likely, in the next 10 years, to be three and half times higher than that it would have been without AIDS.

In economic terms, AIDS is now affecting broad economic sectors, in some countries up to 10 percent of the active population. It is thus compromising the economic and social gains achieved at the cost of great sacrifices and imposing on already heavily strained budgets additional costs that they cannot bear.

Thus AIDS, which finds fertile ground in moral and material poverty, will only expand its empire. It will continue to do so because people who are poor, unemployed and uneducated, with no access to basic health care, are particular targets of the disease.

Lastly, at the political level, because public services and security are also affected by the disease, and political and social structures are damaged, social equilibrium is disturbed. Thus the stability and security — the very foundation — of African States is at risk.

Africa has since the beginning of the 1990s been aware of the danger of the HIV/AIDS pandemic for its populations, particularly in its sub-Saharan region. In 1992, during the OAU summit held at Dakar, Senegal, the African heads of State or Government adopted the OAU Declaration on the AIDS Epidemic in Africa. That Declaration was paired with a six-point Programme of Action, with targets and quantifiable results. Following on from this Declaration, the African leaders directed their efforts at developing a global plan of action aimed at facilitating and accelerating the implementation of the Dakar Programme of Action, which led to the adoption in 1993 of the Cairo guidelines on HIV/AIDS.

Aware of the impact of this scourge on children, African leaders also adopted in 1994 the Tunis Declaration on AIDS and the Child in Africa, paired with, as in the case of Dakar, a two-point Plan of Action covering specific aspects and complementing the Dakar Programme.

All of these measures testify to the awareness of African leaders of a problem that over the years has daily become more worrisome. But given the scale of the resources needed to combat this scourge and the complexity of actions which it requires, the African leaders quickly realized that merely mobilizing local means, which are very limited, along with some external support, also very limited, was far from sufficient to guarantee even the slightest tangible progress.

This means that combatting AIDS in Africa requires coordinated, decisive and long-term action through combining efforts at both the national and international level. It is thus in the spirit of the OAU that its summit of 1998, held in Ouagadougou, launched an appeal for international assistance. It was moved by the same spirit that the African heads of State at the thirty-fifth summit, held in Algiers in July 1999, approved the International Partnership against AIDS in Africa as a new framework for urgently mobilizing Governments, civil society, development partners and international assistance bodies so as to work in a way proportionate to the challenges linked to the situation of the pandemic in Africa. A plan of action for combatting AIDS exists. It will be a question of finding the resources necessary to implement it.

As we see in the broad lines now being prepared at the level of African Governments and of the bodies involved, the International Partnership against AIDS in Africa will depend on the efforts which Africa and especially the rest of the world invest in the approach to ensuring that the targets agreed at the international level — that is, collectively — at the special session of the General Assembly in June 1999, devoted to the five-year review of the implementation of the Programme of Action of the International Conference on Population and Development in Cairo in 1994 — ICPD+5 — are the beginning of a genuine long-term battle of the entire international community.

One of the priorities, from our viewpoint, is to ensure that by 2005 at least 90 per cent of young people between the ages of 15 and 24 have access to information and to the necessary facilities to reduce their HIV infection and to reduce the incidence of HIV in this age group by 25 per cent.

It is of the utmost importance that we focus our efforts on prevention to reduce the spread of this disease. But at the same time we cannot ignore the fact that necessary care for current patients must be available to Africans at a reasonable and affordable price, without which humanity will have every difficulty in dealing with this pandemic. This is why the Security Council and the entire United Nations must make all means available to cope with the pandemic which is affecting large populations throughout the continent.

The President: The next speaker is the representative of Portugal. I invite him to take a seat at the Council table and to make his statement.

Mr. Monteiro (Portugal): Let me congratulate you, Mr. President, and thank you for this debate, as the first of this year.

I have the honour to speak on behalf of the European Union. The Central and Eastern European countries associated with the Union — Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia — and the associated countries Cyprus, Malta and Turkey align themselves with this statement.

The European Union deeply shares the concern of the Secretary-General at the grave humanitarian emergency the world is facing, particularly in Africa, with the spread of HIV/AIDS. In Africa, the European Union has been helping countries deal with this disease and its tragic effects for many years, and we are well aware of its devastating consequences. In fact, AIDS now risks becoming a destabilizing factor in the development of many African States. The effects of this disease are compromising economic development and tearing at the social fabric of entire communities, which in turn presents risks for peace and security in specific regions and beyond. Furthermore, situations of instability and conflict make it harder to combat the scourge of HIV/AIDS and to implement effective policies designed to control and stem the spread of the disease. It is clear, therefore, that AIDS presents a challenge to the entire international community and, with regard to its effect in Africa, is deserving of the attention of the Security Council.

As a global problem it therefore requires a global strategy based on collaborative partnerships and responsibility. This is why the European Union supports the idea of developing strong national and international partnerships to address this issue. To this end, the European Union reiterates that the adverse impact of the epidemic on individuals, communities and nations can be overcome only through the combined efforts of Governments, the international community, non-governmental organizations and civil society as a whole — religious organizations, the corporate sector and foundations — the United Nations system and people living with HIV/AIDS.

However, efforts must be coordinated, and the European Union believes that the Joint United Nations Programme on HIV/AIDS (UNAIDS) has an important role to play in this regard. The European Union fully supports UNAIDS and its co-sponsoring organizations in their joint efforts against HIV/AIDS. The Union also looks forward to the further development of the strategy of International Partnership Against AIDS in Africa.

Education, information, counselling and sexual health services accessible to young people are of the essence. In this respect, we welcome the Programme of Action for the Decade of Education by the African Ministers of Education and the Organization of African Unity (OAU) summit in Algiers that acknowledged the need for education on HIV/AIDS. Knowledge is and will remain the best preventive measure against this deadly disease. This is proof that a growing number of African Governments are demonstrating a stronger political commitment to fighting HIV/AIDS than ever before. This is a welcome development that should be encouraged and supported by the international community.

For our part, the European Union has, over the last 10 years, allocated a total of 1.5 billion euros through its Programme on Health, HIV/AIDS and Population (HAP) for African, Caribbean and Pacific countries. This is in addition to a number of national programmes being carried out by European Union member States. In 1998 alone, close to 120 million euros were committed by the European Development Fund for this purpose and another 22 million euros were committed for AIDS and population under specific budget lines. This European Union support for the Programme on Health, HIV/AIDS and Population presently represents more than 10 per cent of total European Union aid and is expected to increase.

In 1999, at the special session of the General Assembly for the overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD+5), the international community set a new internationally agreed target for addressing HIV/AIDS in the world. The European Union fully supports the attainment of the goals set during the special session and will continue to work in cooperation with African Governments to attain them, and it encourages all involved to lend their support to this task.

And what can the Security Council do? Given its threatening impact on social and economic development, HIV/AIDS has a destabilizing effect on peace and security in the region. Therefore, the Security Council has a responsibility to take HIV/AIDS into consideration in its work. HIV/AIDS cannot be dealt with effectively by single United Nations bodies, but needs instead to be handled in a holistic manner by all sectors of the United Nations aiming at stable peace and security and long-term social and economic development.

The European Union commends the United States for initiating this debate in the Council. The debate will strengthen the urgency of implementing the imperatives for action on the security aspects of HIV/AIDS as proposed by UNAIDS.

The suffering of HIV/AIDS victims in Africa should not go unheeded, and efforts are under way to increase the effectiveness of national and international action addressing this difficult problem. The Security Council's awareness of the effects of HIV/AIDS in Africa is necessary for effectively addressing issues of peace and security on that continent. The prevention of conflicts is now regarded as a priority task of the United Nations, and there can be little doubt that tackling the challenges posed by HIV/AIDS in Africa constitutes preventive action at its best.

The President: The next speaker inscribed on my list is the representative of Cape Verde. I invite him to take a seat at the Council table and to make his statement.

Once again, I would ask that we shorten the length of our statements, or else we will either be here all night or not be able to finish.

Mr. Leao Monteiro (Cape Verde) (*spoke in French*): On behalf of the African Group, I wish to thank you, Mr. President, for the initiative you have taken in convening this meeting of the Security Council and for having convened it in an open format, thus making it possible for interested Member States to benefit from the meeting and to be heard on a subject of extreme concern to our African continent. The participation by the Vice-President of the United States of America in this meeting and the important communication that he made before this Council convince us that your country intends to make its own valuable contribution and also to use its capacity to influence others to bring about urgent mobilization on everyone's part, with the objective of stopping and reversing the present course of the AIDS scourge in Africa and worldwide.

The eloquent points made by Vice-President Gore, emphasizing the potential of AIDS to increasingly jeopardize peace and security in Africa if the dynamics of the epidemic are not vigorously countered on the continent, really come as no surprise to us. We have known for a long time that the different elements that combine to form the fabric of society are interdependent and therefore affect each other. From the historical perspective, experience reveals that deadly epidemics can become factors of acute social destabilization when they assume catastrophic dimensions. Moreover, Africa is living under the threat of another epidemic — poverty — which is acquiring vast proportions and which, in the context of underdevelopment that fuels the spread of AIDS, increases its impact. The struggle against AIDS in Africa will be waged in conditions that are all the more difficult if the environment of poverty and underdevelopment prevailing in Africa is not dealt with at the same time.

Member States, and Africans in particular, are very grateful to the Secretary-General for having applied his own leadership to increase awareness world-wide regarding AIDS, and also for having persisted successfully in promoting the establishment, made formal a month ago, of an International Partnership against AIDS in Africa. He thus gave major impetus to the response requested by the African heads of State and Government when they appealed in 1998 in Ouagadougou for mobilization of the international community to gather global resources against this scourge. The combined efforts of African Governments and friendly countries and the commendable efforts of the United Nations system — by the World Health Organization (WHO), from the very outset to the launching of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 1996, which represented a major innovation — certainly slowed the spread of AIDS on the African continent. Nonetheless, efforts have fallen far short of the results that the magnitude and complexity of the phenomenon would require.

The excellent briefings presented this morning by the President of the World Bank, the Administrator of the United Nations Development Programme (UNDP) and the Executive Director of UNAIDS described to us the terrifying magnitude of AIDS in Africa and how the effort of economic and social development of African countries, already hindered by many important constraints, is now even more complicated. I have statistics, but I will not refer to all of them. I do want to recall, however, that it is estimated that since the outbreak of the epidemic, some 80 per cent of deaths resulting from AIDS have been in Africa.

Human suffering is thus immense, and the human losses also affect the socio-economic lives of the most affected countries. The delayed effect of the current AIDS carriers also casts its shadow on the future, and this is true even if by some miracle the cycle of infection were to be suddenly broken. It is therefore obvious that only a real global coalition of efforts and resources, working concertedly and synergistically, can offer a chance of ultimate success over this contemporary scourge. In this respect, the International Partnership fortunately seems to have conceptual and organizational means that will give it real effectiveness, if the will to make all the needed ingredients available is not lacking.

We have been reminded here that the spread of AIDS in the world has benefitted from a wall of silence and an attitude of denial, which arise from shame and stigma. Africa can be no exception to this. Like everywhere, it is the initiative of individuals and of responsible and prestigious organizations that leads to decisive action to break the wall of silence and to help release energies.

In Africa, this type of action has grown in scope and strength, in particular in the past year, and at the highest level. We must do everything within our power so that this continent can turn, as soon as possible, from being fertile ground for the spread of AIDS to being an environment capable of channelling and being a catalyst for a movement of prevention, containment and reversal of the epidemic's impact.

The International Partnership against AIDS in Africa agreed on a deadline — next May — to establish a frame of reference for work and a plan of action for the first years. Let us recall that the objective is to considerably reduce the impact of AIDS on human suffering and on human, social and economic development in Africa, and to be guided in assessing the progress accomplished by indicators to be defined for the different specific areas of activity.

In keeping with the problem to be confronted, the response must be unprecedented, as described by the Secretary-General. The political weight of the Security Council, as well as the political dimension and the resources of many of its members, will certainly provide credibility and invaluable encouragement for the implementation of exactly such a collective response. This undoubtedly will be an endeavour with a strong human component in its spirit, in the resolve inspiring it and in the innovation and intelligence that will be required for the concerted work of Governments, civil society, the United Nations, non-governmental organizations and the private sector.

In addition to the human resources that need to be mobilized, the Partnership's plan of action will also involve an increase and a significant rehabilitation of the African health systems that are overwhelmed and under-equipped to confront new and fast-increasing demands. Some of the activities to combat the very spread of AIDS, such as the effort to prevent the spread of AIDS from pregnant women to their children, will require the generous use of medication, the current commercial cost of which is well beyond the means of Africans, as is the case with anti-retro-viruses. Thus, the reduction of human suffering, cruelly widespread on our continent, will involve making other types of medication available, certainly at less cost but possibly in larger quantities. It is estimated at this stage that the overall costs would range from $1 billion to $2.5 billion annually. This is a relatively modest sum in light of the task involved, but it would represent a very important difference in the capacity to act, as compared with today's level, which is extremely insufficient.

The other face of the human emergency in which AIDS is now plunging Africa is that it offers us the continuing opportunity for a collective behaviour that can give meaning to the concept of an international community to which we all aspire.

I wish once again to express our gratitude to you, Mr. President, for your timely initiative in convening this important briefing, and we wish to express the hope that the struggle against the scourge of AIDS in Africa will yield excellent results.

The President: I again implore speakers to keep their remarks as brief as possible.

The next speaker is the representative of Norway. I invite him to take a seat at the Council table and to make his statement.

Mr. Hønningstad (Norway): Let me begin by expressing Norway's appreciation to the United States presidency of the Security Council for taking the initiative to hold this open meeting on the impact of AIDS on peace and security in Africa.

We would also like to thank Vice-President Al Gore for his comprehensive and thoughtful intervention this morning. My delegation particularly liked the part about new and fresh money and we think this should be a guiding light for all donor countries.

For far too long, AIDS was regarded mainly as a health problem and was left to the health sector. But gradually, the international community has recognized that the devastating effects of this accelerating pandemic on human, social and economic development in Africa call for much broader action. The HIV/AIDS epidemic is becoming one of the main constraints on development in large parts of the continent.

This meeting of the Security Council is an acknowledgement of the links between AIDS and peace and security. Norway warmly welcomes the initiative to establish an International Partnership against AIDS in Africa and hopes that it will lead to broad and concerted action at all levels. In December last year, I participated in the launching meeting presided over by the Secretary-General here in New York. That meeting certainly gave very important impetus and inspiration to the work of the Partnership, but I must say that you, Sir, have really heightened the level by calling this meeting of the Security Council, for which we thank you.

More resources are clearly needed, both from the international community and from national and private sources. Norway places very high priority on this cooperation. We are one of the major contributors to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and a month ago we also granted a special allocation of 28.5 million Norwegian kroner to be used within the framework of the new Partnership in Africa.

We must certainly step up international efforts to develop a vaccine against HIV. We must also find ways to make existing drugs more accessible to those who need them. Public/private partnerships are crucial to making this happen.

While preventive measures are important, we must not forget those millions of people who are already infected and affected by the virus. We must make sure that people living with HIV/AIDS receive appropriate care and that their human rights are fully respected. We need a broad multisectoral approach to mitigate the effects of the pandemic on social and economic development in Africa, as well as on peace and security. The erosion of human capital affects the education system, the productive sectors, government and administration, and hence the security situation, and cannot be dealt with by the health sector alone. A broad range of actors within the international community — including, but not limited to, the co-sponsors of UNAIDS — have important roles to play in supporting the efforts of member States. This meeting of the Security Council should help to move the issue higher up the global agenda.

The President: The next speaker is the representative of South Africa. I invite him to take a seat at the Council table.

I would remind members that, next week, we will have the honour of being joined here in the Burundi discussion by Mr. Nelson Mandela, the mediator for Burundi. I hope the representative of South Africa will extend to him the high appreciation of the entire Security Council that he will honour us for what I understand will be his first appearance before the Security Council.

I invite the representative of South Africa to make his statement.

Mr. Kumalo (South Africa): As hurried as we are, let me welcome you, Sir, to the position you occupy today. I cannot resist also bursting with pride at seeing some of my dear friends who have joined this Council. It is a wonderful, wonderful day today.

It is important for me to say that HIV/AIDS is a global problem. There is no country that has been spared this epidemic. It is said that, at the end of 1999, there were more people living with HIV/AIDS in the developing world than in the developed world. The majority of people living with HIV/AIDS are indeed in the developing countries, yet the human beings affected are the same. The disease is the same.

The reason for the disparity is not hard to find. The core difference between the developed and developing world is the level of development itself. The answer, therefore, lies in the difference in the standard of living of the people infected. In other words, until there is a cure for HIV/AIDS, the level of development in each country will influence how much such a disease spreads.

Poverty and underdevelopment destroy families and health systems. While we must continue striving to find ways of halting the spread of and curing HIV/AIDS, the only way to immediately address the spread of this disease is through raising the standard of living in developing countries. Addressing issues of poverty is central to this approach.

If you have an educated populace, it is easy to communicate AIDS-prevention programmes in a manner which does change behavioural patterns. We have found instances in our own country where communities know that there is a disease called HIV/AIDS, but do not appreciate the connection between that disease and their sexual behaviour. This connectedness is understood better within literate communities in our own country. More spending on health care results in HIV/AIDS preventative tools, such as condoms, being more accessible to communities.

The better levels of nutrition in high- and middle-income societies ensure stronger resistance to disease. The positive impact of good nutrition on opportunistic infections is well known to all of us. The accessibility and affordability of ordinary drugs are also central to this issue. A body weakened by ordinary diseases is more susceptible to AIDS. We use these few examples to illustrate the relationship between HIV/AIDS and poverty.

At the Third African Population Conference held in Durban, South Africa, in December 1999, it was noted that

> "AIDS is 100 per cent preventable through openness and proper education".

However, a look at the countries with the largest number of people who live with HIV/AIDS shows that there has been a decline in social spending. There is less money for alleviating poverty and for improving the nutrition of the people as a defence against nutritional diseases such as tuberculosis and pneumonia, which make it easier for HIV/AIDS to fester. Many developing countries are overburdened with paying off international debt, which leaves them with little money for development.

The decline in social spending happened over many years, mainly as a result of policies of multilateral institutions. We are encouraged by efforts now being made by such institutions to evaluate some of these policies and to focus on their core mandate, which is development.

The Charter of the United Nations, in Article 24, paragraph 1, bestows upon the Security Council the "primary responsibility for the maintenance of international peace and security". In the age of globalization, it has become important to define security in broader terms. In other words, the definition of security has to include economic security, food security and health security. The Security Council, whose job is to guarantee security around the world, must use its peacekeeping operations to create a space and climate for other institutions and regional and subregional organizations — such as the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Organization of African Unity (OAU) and the Southern African Development Community (SADC), which are best suited to address other aspects of security — so that they can do their work.

Already, the Security Council has set a wonderful precedent in Sierra Leone, where the Council's Chapter VII mandate allows peacekeeping troops to be accompanied by expert United Nations personnel dealing with social issues that result from conflict. They include experts sent to assist women and children caught in conflict, including many people who had their limbs cut off by ruthless guerrillas.

The Security Council must be applauded for having adopted this innovative decision. We hope that the same creativity will prevail soon when the Security Council decides on a mandate for a peacekeeping force for the Democratic Republic of the Congo.

Perhaps it is time that all 188 Members of the United Nations participated in a General Assembly debate on the challenge posed by the spread of HIV/AIDS throughout the world and developed a comprehensive plan to address this disease that knows no boundaries.

Furthermore, the donor countries must ease restrictions on the money they earmark for the treatment of HIV/AIDS in Africa so that recipient countries can use it to alleviate poverty, help improve the living standards of their citizens and fund education programmes on this disease. Otherwise, the money given for the treatment of HIV/AIDS may not produce the results that are needed in fighting off this epidemic.

Let me conclude by saying that there is no cure for AIDS at this point. As we await a possible cure, we have the ability to halt its spread. Let us not shy away from this.

The President: I would request the Ambassador of South Africa to please convey to President Mbeki the fact that Vice-President Gore referred specifically to him and quoted him.

In order to shorten the rest of the day, I request all representatives to refrain from any further compliments to the new President of the Security Council or for the holding of this meeting. I appreciate them greatly, and so does my country, but the time is short, and we still have a very large number of speakers to hear.

The next speaker inscribed on my list is the representative of Japan. I invite him to take a seat at the Council table and to make his statement.

Mr. Satoh (Japan): I will cut my compliments to you, Mr. President, but I have to say that this meeting is very timely and well focused.

HIV/AIDS is a serious threat to human security in many parts of the world. However, the situation is most serious in Africa. There, this deadly disease is threatening the security of the life and dignity of communities and their members. In many African countries, it is already having a devastating impact on the population, particularly on young people. More than that, the disease has become a serious impediment to economic and social development, as well as to the peace and security of the countries concerned.

This situation demands a clearer recognition of the seriousness of the issue of AIDS and a stronger commitment to fight the disease both by African countries themselves and by their partners outside the region. Africans themselves are already engaged in the fight against AIDS. However, given the magnitude of the problem, it is evident that the African countries need stronger support and cooperation from the international community.

Japan, for its part, is engaged in a combination of efforts aimed at combating AIDS in Africa, primarily through the following three approaches, and we are determined to strengthen our efforts in the years to come.

First of all, Japan places a high priority on the issue of AIDS in its official medium-term policy on official development assistance, and under its Global Issues Initiative on Population and AIDS, launched in 1994, Japan has been providing technical assistance and grants to many countries in Africa to assist them in fighting this deadly disease.

I want to add that some of the programmes in this Global Issues Initiative are integrated into the so-called common agenda that Japan and the United States are pursuing together on a broad range of global issues. For example, our two countries sent a joint mission to Zambia in 1998 for the purpose of formulating projects on population, AIDS and children's health.

Japan's financial contribution under the Global Issues Initiative had already reached approximately $3.7 billion by the end of fiscal year 1998. Although the seven-year Initiative is due to be completed at the end of fiscal year 2000, the Japanese Government is determined to expand its support for the fight against AIDS by building upon what has been accomplished thus far.

Secondly, Japan is firmly committed to supporting the Joint United Nations Programme on HIV/AIDS (UNAIDS) and has contributed a total of $23 million to its programmes since its establishment in 1996. We highly commend UNAIDS for the coordinating role it has played and for its achievements to date. We are considering strengthening our financial support for its programmes relating to AIDS in Africa.

Thirdly, it was decided at the second Tokyo International Conference on African Development (TICAD II), which Japan sponsored with the United Nations Development Programme (UNDP) in October 1998, that African countries and their development partners should strengthen cooperation in their fight against AIDS and other sexually transmitted diseases. In response, Japan announced its readiness to provide approximately 90 billion yen in grants over a five-year period starting in 1998 in such areas as education, health care, medical services and the supply of safe and clean water in Africa. It is our intention to use these grants with a particular emphasis on the fight against AIDS.

I would also like to point out that African and Asian countries have much to learn from each other in their fight against AIDS and that the exchange of information and experience between the countries of the two regions should be promoted. I am pleased to inform the Council that this proposition received broad support from the participants at the TICAD regional review meeting held in Zambia last November.

I am convinced that this open meeting will greatly enhance the level of attention paid by all concerned to the serious issue of HIV/AIDS in Africa. It is our strong hope that today's discussion will result in more intensive efforts by Africans themselves and their partners, which we need now in order to improve the situation quickly. I would therefore like to conclude by reaffirming yet again the strong commitment of the Japanese Government to the urgent task of fighting AIDS in Africa.

The President: We note, Mr. Ambassador, your comment that your Government is considering additional support of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

We have now reached the mid-point in the list of speakers, which does not necessarily mean the mid-point in terms of time. But this is an appropriate time for me to invite the Surgeon-General of the United States to take a seat at the Council table and to make some very brief comments before he has to return to Washington.

Dr. Satcher: Let me thank the Security Council for this opportunity to be here today and to address it. I have heard that I might well be the first Surgeon-General ever to address the Security Council, and that, for me, represents a tremendous opportunity and challenge. Over 50 years ago Surgeon-General Leonard Scheele, speaking to the first meeting of the World Health Organization, said, that the world cannot exist half healthy and half sick. So we are challenged today by that commitment expressed on behalf of the United States by a Surgeon-General.

As the Security Council has heard, AIDS has had and is having a devastating impact on sub-Saharan Africa and on many other areas of the world. But I think that it is also important to point out that, as we have heard, we are not without hope. When we look at what partnerships and global strategies have already achieved, we have to have hope. Together, we have eradicated smallpox, the last case occurring in the late 1970s. We are very close to eradicating polio from the world. In this respect, I must point to the dynamic leadership of Rotary International and of the business community, which is going to be so important to our efforts in this context, working in partnership in areas such as Uganda. Certainly, when I was Director of the Centers for Disease Control and Prevention, we learned much about what can be accomplished through comprehensive programmes of counselling, education and testing.

We appreciate the opportunity we have had to work with our colleagues. Working with our colleagues in Thailand, we learned about what can be accomplished in the military, where AIDS was a major problem, and as a result of working together, we have seen a dramatic decline. So we have learned a lot of lessons by working in partnerships throughout the world, and we hope to continue those kinds of partnerships.

We have also learned much from our experience in the United States. As the Council has heard and knows, we have made significant progress in the United States. But, in the words of Robert Frost, we still have promises to keep and miles to go before we sleep.

We have learned that it is possible to decrease the onset of HIV, which has gone from a high of 150,000 cases a year in the late 1980s to 40,000 cases a year today. We have also invested in science, as a result of which we have developed treatments, including the highly active anti-retroviral therapies that are making a difference and have reduced mortality from AIDS by 60 per cent compared to 1995. However, we know that this is not the answer to this epidemic in our country or anywhere else in the world. So our commitment today is to work in global partnership — not just providing the funds that have been committed by the Vice-President and Ambassador Holbrooke — in combating this epidemic throughout the world.

We are committed to a balanced approach to this epidemic. We believe that it is important to invest heavily in prevention, including surveillance, so that we can monitor this epidemic throughout the world, including in sub-Saharan Africa. We believe that it is important to invest in treatment. I believe that treatment is in and of itself preventive when applied correctly. For example, working together in Tanzania, we learned that the aggressive treatment of sexually transmitted diseases significantly reduced the spread of HIV/AIDS. So we have learned the importance of comprehensive treatment, and we have learned the importance of treating opportunistic infections in people infected with AIDS. But we have also learned that we must continue to work together to provide treatment to all people who are infected with this virus, a commitment that was made by the Vice-President this morning.

We are also committed to continuing to invest in research, especially in research to develop a vaccine. We believe that prevention is the most important investment that we can make in dealing with this epidemic. We are very pleased to be able to work with our partners throughout the world — in Thailand, Uganda, the United States and other places — in the development of a vaccine. In fact that is now in phase III trials in parts of the world. We are committed to continuing that research and that investment.

Our Secretary of Health and Human Services, Donna Shalala, has said that our ethics must be as sophisticated as our science. In response to comments that we have heard today, I want to say that together we must make that commitment as we work in prevention, treatment and research and in dealing with orphans throughout the world, especially in sub-Saharan Africa.

Our ethics must be as sophisticated as our science, and we must hold each other to that commitment.

The interrelationships among health and social, economic and political stability and well-being, and their impact on peace and security, is a point that has been well made in this meeting of the Security Council. We hope that as we work with the Council throughout the world we can keep this in mind.

In closing, let me say that our partnerships must be interdisciplinary. Our experience with business and labour response to AIDS in the United States has been really critical — I have mentioned the eradication of polio and Rotary International. We have also benefited from the faith community. We have benefited from other non-governmental organizations and from the military and the role of the military. The Security Council will soon hear from the Secretary of Labor of the United States, as we attempt to gather with our partners throughout the world to make a commitment in the area of labour in dealing with the AIDS epidemic, as we have tried to do in our country.

In closing, let me say again how very pleased I am that the Security Council has raised the issue of AIDS in Africa to this level and presented to all of us the challenge of keeping before us the relationships between health and security. We look forward to working with the Security Council in the days, months and years ahead to conquer this global pandemic.

The President: I am delighted that the Surgeon-General honoured us today with his presence. I thank him for staying exactly within the five-minute limit.

The next speaker is the representative of Brazil. I invite him to take a seat at the Council table and to make his statement.

Mr. Fonseca (Brazil): I should like to express to you very briefly, Mr. President, our compliments, which are well deserved. I must say that it is an honour to return to this table as a non-member of the Security Council and to speak on behalf of the Brazilian delegation at this very important meeting. If you will allow me, I should like to express my best wishes for success to the members that are just beginning their term of office, and especially to Jamaica, which has replaced Brazil in one of the seats of the Latin American and Caribbean Group in the Council.

As previous speakers have stressed, in many African countries AIDS overburdens State institutions, undermines traditional family support schemes and adds to the climate of despair and disarray that tends to fuel conflicts. Although the reality in Africa may be harsher than elsewhere, the social, economic and political implications of AIDS are felt everywhere. Its spread is a global problem that must be addressed in a comprehensive manner. The impact in Africa is especially severe because of the lack of resources for prevention and treatment. Africa requires the instruments of cooperation to be strengthened. In doing so, the international community will be helping itself, not just Africa.

What we need most at this moment is international solidarity. Africans themselves have much to offer, with their many successful national experiences in combating AIDS.

It is clear that the international response to the AIDS epidemic in Africa does not fall within the specific mandate of the Security Council. But our debate today may help raise the worldwide awareness of the social and economic devastation wrought by AIDS and of the greater threat ahead if effective action is not taken. Our debate places the problem of AIDS in Africa in the spotlight of international attention and stresses its implications, which extend far beyond health issues.

Notwithstanding the support provided by multilateral agencies, bilateral and plurilateral partnerships remain fundamental. Throughout the 1980s, Brazil benefited from international cooperation and has since consolidated its national programme for preventing and combating AIDS. At the regional level, Brazil took an active part in the setting up, in March 1996, of a horizontal technical cooperation group on HIV/AIDS.

Brazil's contribution to that group, which brings together a number of Latin American and Caribbean States, is centred on training and capacity-building in organizing local programmes for the prevention and control of AIDS and other sexually transmitted diseases. Based on our regional experience, the Brazilian Government developed, in 1997, a similar cooperation scheme with the Portuguese-speaking countries of Africa. In 1999 experts from the Brazilian Ministry of Health visited Kenya, Zimbabwe, South Africa, Namibia and Botswana with a view to identifying cooperation projects that could be quickly set up.

Being a developing country, Brazil is not a major donor. Nevertheless, our technical expertise has been put at the disposal of others, and we will continue to work closely with UNAIDS and the donor community in helping third countries to curb the spread of AIDS. Furthermore, Brazilian policies to cope with both the causes and consequences of AIDS may provide a useful example to other countries that face similar budgetary constraints.

Our health system distributes free anti-HIV drugs to all patients. This policy has helped reduce the number of hospitalizations.

In Brazil, strong public campaigns through the mass media have been key in our preventive strategy.

Education and dissemination of information concerning AIDS constitute the best way to halt the spread of the disease in Africa and all over the world.

It is tempting to compare the effects of AIDS to those of wars. The so-called age factor is a characteristic shared by AIDS and war, for both AIDS and war impose a heavy toll on young adults, depriving many societies not only of an important part of its workforce, but also of loving parents. The consequence is a rising population of orphaned children left behind, often without adequate assistance. If our debate helps reverse even in a modest way the fate of these helpless children, it will have been worth undertaking.

The impact of AIDS on Africa is a test case for the United Nations capacity to be both a catalyst of international solidarity and a vehicle for transforming pious words into tangible action.

The President: I would like to thank Ambassador Fonseca for the support he gave us last month when this issue was first raised.

The next speaker inscribed on my list is the representative of the Republic of Korea. I invite him to take a seat at the Council table and to make his statement.

Mr. Lee See-young (Republic of Korea): In the course of today's Council meeting we have listened to all sorts of dismal statistics and have heard about symptoms and diagnoses available regarding the AIDS problem in Africa. Now is therefore the time for us to act, and to act decisively with concrete measures to fight this unprecedented tragedy and to turn the tide against AIDS. We therefore commend the Security Council for its willingness to become an additional partner in the comprehensive and coordinated efforts of the international community to combat AIDS in Africa, with particular emphasis on the security aspect of the epidemic. We are confident that the initiatives taken by the Security Council at this juncture will generate momentum for a global response by all actors on all fronts to combat this pandemic, which threatens not only Africa, but also the rest of the world.

Having said that, let me put forward several practical suggestions related to today's topic of discussion.

First, my delegation believes that the international community should address the problem of AIDS in Africa with the full force of an institutional response. In this context, we welcome the Secretary-General's suggestion to the General Assembly at its last session that it set up a working group that — among other responsibilities — would forge effective partnerships with the goal of reducing HIV/AIDS infection rates in Africa.

In the ensuing resolution, the General Assembly requested its President to convene an organizational meeting of the open-ended ad hoc working group no later than March 2000. We hope that this working group will soon begin its activities by monitoring the AIDS situation in Africa and subsequently making recommendations thereon, including the suggestion made today by my colleague the Ambassador of Ukraine to consider holding a special session of the General Assembly devoted to the AIDS problem.

My delegation also considers it necessary that the working group's mandate be further broadened to include devising a more comprehensive and coordinated strategy involving all actors within and outside the United Nations system, in close cooperation with the Joint United Nations Programme on HIV/AIDS (UNAIDS).

By the same token, we welcome the substantive progress made at the meeting on the International Partnership against AIDS in Africa held here in New York last December. We look forward to an agreed plan of action to be submitted by all the participating actors next May.

Secondly, my delegation suggests that the Security Council establish a mechanism for close cooperation and coordination with UNAIDS, the focal point for a wide range of actors devoted to fighting AIDS. To that end, the Security Council may wish to arrange regular open briefing sessions with the Executive Director of UNAIDS to keep Member States up to date on the aspects of the

AIDS crisis in Africa that have peace and security implications.

Finally, we believe that the social, economic and political scale and dimensions of the AIDS epidemic in Africa call for a comprehensive and integrated approach that requires not only active participation but also close cooperation and coordination among all major stakeholders, namely, local populations, African leaders, the United Nations system, non-governmental organizations and donors. To echo Vice-President Gore, independent initiatives to fight AIDS by the various actors must be more focused and coordinated in order to take maximum advantage of their synergy and success. We therefore consider it essential that we reinforce the leading role of UNAIDS vis-à-vis these crucial actors by strengthening its mandate, providing it with greater resources and enhancing the coordinating authority of its Executive Director.

In conclusion, it is our sincere hope that the views and suggestions put forward at today's meeting will create momentum that will unite the global fronts to fight AIDS in Africa and ultimately help prevent the spread of this horrendous epidemic from threatening peace and security on the African continent.

The President: I thank the representative of the Republic of Korea for those provocative and valuable suggestions, which I hope we will all consider.

The next speaker inscribed on my list is the representative of the Libyan Arab Jamahiriya. I invite him to take a seat at the Council table and to make his statement.

Mr. Dorda (Libyan Arab Jamahiriya) (*spoke in Arabic*): I would like to point out that the days devoted to Africa in the Security Council have increased in number since 25 September 1997, when we decided to devote a day to Africa in the Council. Other days followed in 1998, and in 1999 several meetings were devoted to Africa — including the meeting of 29 September, as well as another in December. The Council has now decided to devote a whole month to Africa. Africa thanks all those who are devoting days, weeks and months to it.

In reality, it would take years to consider the questions related to Africa. But what has actually taken place since 25 September 1997, when the Council devoted a day to Africa at the level of Ministers for Foreign Affairs? The then Chairman of the Organization of African Unity (OAU), Mr. Mugabe, participated then, and President Compaore took part the following year. What has happened or been decided upon this year regarding Africa in the Council?

Questions related to Africa comprise over 60 per cent of the work of the Council. Africa needs not only pious hopes and eloquent speeches to solve its problems. Good intentions are not enough. Africa needs tangible work. It knows its maladies and their remedies. It is just that Africa is unable to obtain those remedies, given the shortage of resources to deal with these maladies. As I already stated in the Council, on 27 September 1999, when it devoted a meeting to the situation in Africa:

> "an urgent international programme should be set up under the auspices of the United Nations and the OAU, supervised by the World Health Organization, to deal with AIDS treatment, prevention and awareness. This disease threatens the entire continent and must be swiftly dealt with through an international plan of action. It should also adopt a similar international programme against malaria and other endemic diseases. In addition to the United Nations, all countries and international organizations, governmental and non-governmental, foundations, companies and individuals should provide contributions, financial and in kind, to this humanitarian work." (S/PV.4049, resumption 2, p. 24)

That is what I said in September last year when we raised the question of AIDS.

Today I must say very frankly, and I am speaking here on behalf of Africa and of the African Group in the United Nations, that the Security Council is faced with a major challenge. The question of AIDS has been added to its agenda, so the challenge is to adopt and implement tangible measures. Otherwise, the Council would be making great statements without having actually done anything. The mountain would have given birth to a mouse, as we say in Arabic. This would be unacceptable for Africa, as we have already decided to devote days, weeks and a month to the consideration of questions relating to Africa. Africa can do without publicity. What counts for Africa is results.

I would propose, therefore, that the resolution that we will adopt here take into account the debate at this meeting, including, *inter alia*, first, the financing of the campaign against AIDS through determining a certain proportion of the contributions of Member States to the budget of the United Nations and devoting that amount to combating AIDS.

Secondly, I propose that the Group of Seven finance a certain amount of that campaign, which would be commensurate with their economic level; thirdly, that international financial organizations make a contribution to this campaign; and fourthly, that universities, research centres, companies, individuals and non-governmental organizations also make proportionate contributions. Also, the media should discharge their proper role in terms of making the public aware of the epidemic. At least we should adopt a resolution along those lines. If we do not, Africa will never forgive those who have made this merely a media issue and a forum for political one-upmanship.

The President: May I make one brief comment. I thank you very much, Ambassador, for your comments. Just one brief clarification: you referred to a Security Council resolution. This is a legitimate point, but it is not our intention to have a resolution or a presidential statement today. That is not the purpose of this particular meeting. But your point, had this been the case, is well taken.

Mr. Olhaye (Djibouti): At the outset, Mr. President, I wish to express the deep appreciation of my delegation for your innovative and highly imaginative interpretation of international security as including human security as well in this post-cold-war era. I commend you for your exemplary courage and foresight in making the long-neglected problems of Africa the theme of your presidency.

This morning the presence of the Vice-President of the United States at this inaugural meeting highlighted very specific suggestions, measures and commitments. In this respect, I would like to highly laud his efforts and those of his Government in this direction.

In many ways, it is fitting to begin this focus on Africa with an examination of the economic and social devastation wrought by the AIDS epidemic, which is now the number-one killer in Africa. Obviously, AIDS has had a catastrophic impact on peace and security in Africa. Since the beginning of the epidemic, 50 million individuals worldwide have been infected with HIV, 16 million of whom have died. Of those who died, 12 million, or nearly 75 per cent, were in Africa. Two million died there last year alone, which corresponds to five times the number of deaths due to AIDS in the United States in the entire last two decades. Most stunning of all, of the 34 million people currently affected and still alive, roughly 23 million, or 68 per cent, are in sub-Saharan Africa. A syndicated columnist in Newsweek wrote last week that

> "every minute 11 people worldwide are infected with HIV, 10 of them in sub-Saharan Africa".

In the 1950s, sub-Saharan Africans had an average lifespan of 44 years, a figure which, with improved living standards, had risen to 59. Today that figure is rapidly declining, and could, before the end of the decade, reach 45 years, wiping out the gains of half a century. Yet all the sub-Saharan countries combined have a mere $160 million to spend confronting AIDS, and the challenge they face is simply enormous.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) literature states that Africa remains the global epicentre of the epidemic. However, certain other regions, it seems, are catching up with Africa, in particular the newly independent States of the former Soviet Union and the Eastern and Central European countries. What this shows is that AIDS cannot be dismissed as an African problem. Rather, it is a global human problem, or, more correctly, a global human tragedy, one which concerns every one of us, wherever we may be. Hence, Mr. President, your ingenious idea of convening this meeting on a health issue, the first in the history of the Security Council. Since AIDS is killing far more people than war, it certainly deserves the Council's attention. Hopefully, this laudable effort will nudge the global conscience towards action, more specifically to leverage the resources of our planet to defeat this plague of our era. Many countries in Africa, as has been noted at this meeting, are responsibly tackling this problem. They need, however, recognition, more meaningful assistance and long-term support.

Africa, ironically, cannot rely on the wonder drugs that have cut mortality in rich countries, because those drugs cost over $20,000 per person per year, whereas poor countries, which bear the brunt of AIDS, cannot afford more than $20 per person per year. The answer does not lie only in reducing the cost of treatment, but in providing the necessary health infrastructure, as well as in investing in the development of a cheap, easily delivered vaccine. But this remains a long-term proposition.

We enter the new millennium with more poor people than the world has ever known, and we are in the midst of plenty, awash with resources. Out of the world's current 6 billion people, 1.3 billion, or about 20 per cent, live below the absolute poverty line, on less than $1 a day; and 2.8 billion, or about 50 per cent, eke out survival on less than $2 a day. Obviously, inequality has multiplied enormously. The majority of Africans lack a minimally decent life, as expressed in such things as clean water, sanitation, health services and education — hence, the excessive prevalence of AIDS in Africa. In truth, the peril of HIV and AIDS in Africa lies in the continent's poverty. So, in an era of declining international resource flows for Africa's development needs, the worry is that the AIDS peril may continue to ravage the continent's vital asset: its scarce human capital.

Fighting AIDS requires a more holistic approach. We must improve societies, institutions and economies to eliminate poverty, the source of most of Africa's ills. In particular, the elimination or containment of AIDS will require concrete steps to prevent, to cure and to treat. Dr. Bruntland, Director-General of the World Health Organization, wisely notes that

> "while prevention is the most promising strategy for managing AIDS epidemic in the long term, we cannot lose sight of the fact that millions of people are affected today. For them we must do a much better job of increasing access to health care and support, including inexpensive antibiotics that can add many months to the lives of people already sick with AIDS, to palliative therapies that can help increase comfort and reduce suffering and to psychological and social support for patients and their families."

In conclusion, let me say AIDS in Africa is not all poverty, but at current levels, it is very close.

The President: The next speaker is the representative of Mongolia. I invite him to take a seat at the Council table and make his statement.

Mr. Enkhsaikhan (Mongolia): My delegation also would like to express its appreciation to you, Mr. President, for taking the initiative of convening this open Council debate on this issue. We believe that this question, especially its far-reaching implications not only for individual States but for international peace and security in general, demands that it be taken up in the Council without delay. Our appreciation and thanks also go to the Vice-President of the United States and to the Secretary-General, as well as to the representatives of the United Nations agencies for their briefings and contributions to the Council.

My delegation fully agrees with the previous speakers that the spread of infectious diseases, in particular the proliferation of the most deadly infectious diseases such as HIV/AIDS, especially across the African continent, has become one of the most disturbing human security issues facing the world today. It has indeed become a security issue in its broader sense.

Since the first cases of AIDS surfaced in 1981, this disease has killed almost 14 million men, women and children worldwide. By 1998, there were over 30 million people worldwide infected with HIV/AIDS, of whom 23 million were in Africa. It is estimated that 87 per cent of the world's children infected with the HIV virus live in Africa. The statistics also vividly demonstrate that with only 13 per cent of the world's population, Africa alone has about 70 per cent of the world's HIV/AIDS cases. These and many other disturbing data cited earlier demand the urgent attention of the international community and that effective adequate ways to control and stop this deadly disease be found.

Throughout 1999, the international community, including this Council, devoted increasing attention to the question of strengthening peace and security, as well as promoting socio-economic development in Africa. It is yet further recognition that global peace and security are interdependent and therefore cannot be ensured unless peace and prosperity prevail on the African continent as well. Tackling the AIDS issue is an important component of this, since durable peace and sustainable development in Africa will not be achieved without effectively fighting AIDS, protecting and preventing the entire population of the continent from this disease that truly threatens the very basis of human security.

We concur with the view that the scourge of this epidemic can be removed and prevented only by joint efforts, with the active participation of Governments, non-governmental organizations, civil society and international organizations.

The United Nations can and should play an important role in assisting Governments and peoples to fight against this rapidly growing scourge. It is clear that one of the root causes of the rapid spread of this disease is directly connected with poverty. This is confirmed by the fact that about 44 per cent of Africans and 51 per cent of those in the sub-Saharan region, which is most affected by HIV/AIDS, are living in absolute poverty. It is therefore my delegation's belief that the broad programme of development assistance and poverty eradication provided by the international community to African countries must be directly linked with the intensive programme of assistance aimed at promoting education, especially health education, as well as health care.

My delegation associates itself with others in urging the United Nations and its relevant agencies and bodies to take decisive measures to address this challenge properly. We also urge the international financial bodies not to reduce but, to the contrary, to increase the resources aimed at assisting African countries. We believe that effective preventive measures should also be supported by intensifying research work to eliminate and defeat this scourge.

In conclusion, allow me to reiterate once again our support for the United Nations efforts to break the virtual wall of silence regarding this scourge, to take effective measures to stop the proliferation of this deadly disease and to reverse it in the nearest future. I hope that today's discussion in the Council and the follow-up debates will contribute in a practical way to achieving concrete results in the battle against this evil.

The President: Thank you for your very kind remarks. Once again, I would respectfully request people to keep their remarks to five minutes.

I would now like to ask the Minister of Health of Namibia — who has sat very attentively here all day long through seven hours of speeches and who is the only Minister of Health here whose country is also a member of the Security Council — if she would make some very brief ad hoc observations for all our benefit, but I stress the word "brief", Madam Minister.

Dr. Amathila (Namibia): I will certainly be very brief. I only have three points to make here.

I do not want any impression to be created that the African Governments are sleeping on the problem. We have proven that the Governments have made serious, serious efforts in fighting the scourge of HIV/AIDS.

Of course, as we said, we cannot afford the medicines, but we are working very hard on prevention. Our communities are fully informed, and we are not sitting and waiting for other people to come and do the work for us.

This is a question of partnership. HIV is not only an African problem; we, as partners, can really work together in order to fight AIDS as a nation, just as we would any infections that come our way, such as plague — just as we are fighting polio and as we fought smallpox. I think this is what we are requesting other Governments to do; but they should not think that African Governments are irresponsible and are not doing anything. That is not the issue. We are all working very hard on this question.

Secondly, I would like to reiterate the need for vaccines. I would like to request the researchers, when they research the vaccines, to also include sub-group C, the group in our area in southern Africa. I think the vaccines that they are busy testing include only sub-groups A and B, if the information that we got in Lusaka in the last three months is correct. I want the vaccines; we are asking for these vaccines to be affordable to everybody, particularly to us in Africa. They should not be made so expensive, like the anti-viral drugs that we cannot afford. I think that we have to work very hard so that these vaccines will be affordable for our people.

Lastly, I would like to reiterate that while we are trying to treat those who are infected — and we treat the opportunistic diseases and also the other sexually transmitted diseases — it is important that we continue with our education programmes. We are also targeting schools in order to stop the new infections, because we cannot do much about those who are already infected. I think the programmes must be strengthened in schools. We have asked our Ministries of Education to include HIV/AIDS as part of their school curricula.

On behalf of my delegation and others, I thank you once again, Mr. President, for making it possible for this issue of HIV/AIDS finally to come to this Council, and it should not be the last time. I think we should continue to fight together. I am very happy with the input from everybody who spoke.

The President: I thank the Minister of Health of Namibia, and I hope she will extend our appreciation to her Government in Windhoek for sending her here today, and to her for making this long visit. I hope she will convey to the peoples and fellow African Ministers the historic and unprecedented nature of today's meeting.

The next speaker inscribed on my list is the representative of Indonesia. I invite him to take a seat at the Council table and to make his statement.

Mr. Wibisono (Indonesia): Allow me to extend our sincere congratulations to you, Mr. President, on your assumption of the presidency of the Security Council for this month. The Indonesian delegation would like to take this opportunity to express its appreciation to you and the members of the Council for convening today's open debate. We also commend the format of the discussion today, which enhances the possibility of the further involvement of Member States that are not members of the Council in issues under discussion in the Security Council. Likewise, we look forward to the application of such a format in the discussion of crucial issues concerning the maintenance of international peace and security.

In welcoming this open debate on an issue which has evoked widespread interest and concern, it is worth noting that AIDS, particularly in Africa, is complex and multidimensional. It needs to be urgently addressed by the international community.

Certainly, at this stage it is beyond the capacity of any single Government to respond. In that regard, this issue has also been the focus of other bodies of the United Nations system. Today's discussion before the Council will surely enhance the multidimensional approach to addressing this issue in the continuing endeavour to overcome its devastating repercussions.

The Secretary-General has underscored the fact that the struggle to bring about peace and security in Africa is inextricably linked to economic growth and development. In the absence of sustained socio-economic progress, it is doubtful that lasting peace and stability could be secured. As the report further highlights, conflict prevention and post-conflict peace-building are meaningless unless they can enable a society to develop.

What has not been so clearly established or so widely recognized is the impact of the HIV/AIDS epidemic on peace and security. Though there has been little direct study on the impact of AIDS on stability and security in Africa, many believe that the devastating impact of the disease on the fabric of society is self-evident. At the same time, deprivation and poverty are well recognized as non-military sources of conflict and instability. Thus, the connection between AIDS and security is a credible one. The widespread epidemic that is currently devastating many countries in Africa can be clearly seen not only to have an impact on development but also to constitute a perennial source of political insecurity and instability.

According to available statistics, it seems that poor people, drug users and neglected populations, including women, are the most vulnerable ones. What is also of deep concern is the increasing numbers of infants and children who are being infected with and dying from AIDS. With the growing costs of providing health services in many countries, it is no longer possible to meet the escalating demands created by HIV.

To address this complex and pervasive crisis in Africa, my delegation believes that the international community should undertake a sincere commitment to eradicate this scourge through a developmental approach. The health needs of Africa must be borne by international burden-sharing. However, we are all aware of the difficult road ahead, as the financial and human resources to deal with this epidemic are woefully inadequate, both at the national and the international level. What does show promise, however, is the multisectoral approach of the Joint United Nations Programme on HIV/AIDS (UNAIDS) which is sponsored by many bodies of the United Nations and provides effective system-wide coordination. In this light, a coordinated, multisectoral approach, backed by adequate resources, is urgently needed.

In conclusion, my delegation would like to share the vision that we should all seek to work for a world free of the unprecedented human disaster of HIV/AIDS — a world in which HIV/AIDS transmission is substantially reduced; where there is affordable treatment; where there is a substantial reduction in individual and collective vulnerability to the epidemic; where there is a significant alleviation of the adverse impact of the disease on individuals, communities and nations; and where the silence surrounding the disease is broken for ever, thereby sharply reducing the stigma and denial that have stifled resolution. Indonesia believes that this vision can be achieved only through partnership, and we thus support the recommendation that the Economic and Social Council should encourage UNAIDS in its efforts to develop a global strategy based upon this shared vision. I sincerely believe that only through such a multisectoral approach, promoted through partnership, can HIV/AIDS be successfully combated in Africa, development successfully fostered and peace and security successfully ensured.

The President: I thank the representative of Indonesia for his comments, which I greatly appreciate.

We have 12 speakers remaining on the list for the closing section of this meeting. Before we continue with the list, I would like to invite Dr. Peter Piot to respond on behalf of the World Bank, the United Nations

Development Programme and the Joint United Nations Programme on HIV/AIDS to what he has heard so far today, reserving the right, of course, for him to make additional comments after he has heard the remaining speakers.

Dr. Piot: Thank you, Mr. President, for the opportunity to make a few very brief follow-up points. As you said, I am speaking on behalf of Jim Wolfensohn, Mark Malloch Brown, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) partners.

I think we are faced with a great opportunity, and I would like to assure the Council of our collective determination to do our part. In response to your specific requests, Mr. President, and those of Security Council members, we will follow up on at least six specific points.

First, we must deliver on our commitment, growing out of the Secretary-General's meeting of 6 December on the International Partnership against AIDS in Africa, to have reached agreement by May among African Governments, donor Governments, the United Nations system, non-governmental organizations and the private sector on a specific plan for a major intensification and mobilization to address the epidemic in Africa.

Secondly, in response to your specific request, Sir, and that of the Permanent Representative of the United Kingdom, we will also ensure that there is systemic coordination between the development of this Partnership and the Security Council.

Thirdly, we will work with the presidency of the Security Council in follow-up to this meeting to work through the details of how appropriate and regular follow-up with the Security Council should be implemented.

Fourthly, in response to the request of the Permanent Representatives of the United Kingdom and France, we will intensify clearing-house efforts within the United Nations and ensure the flow of current information to all of the member States on the international response and report to the Council within one month.

Fifthly, we will also put forward a specific plan of partnership for addressing AIDS in emergencies and in the uniformed services within two months.

Last, we will be very pleased to follow up in writing individual questions raised by Security Council members, as requested.

This is a bold step the Security Council has taken today. Good luck to us all.

The President: I would ask all representatives in the room whose Permanent Representatives are not here any more to inform them of the six undertakings that we have just heard from the head of the Joint United Nations Programme on HIV/AIDS. I would ask the Assistant Secretary-General to bring them to the attention of the Secretary-General and other people.

I hope this means the beginning of a deepened and greater collaboration between elements within the United Nations family. I commend Dr. Piot for his involvement today and I hope that we will be seeing him again in the Security Council in the future. The same, of course, goes for Mark Malloch Brown.

The next speaker is the representative of Cuba. I invite him to take a seat at the Council table and to make his statement.

Mr. Rodríguez Parrilla (Cuba) (*spoke in Spanish*): Cuba hopes this debate will contribute to mobilizing the international community to make integrated efforts to assist Africa and that it will help relevant bodies of the United Nations to surmount obstacles that affect the fulfilment of their mandates and programmes. It will be productive if, in essence, it helps the will of the industrialized countries to be expressed in reality and the appropriation of resources.

Public opinion should not assume that the United Nations has only just discovered how serious this epidemic in Africa is. Ignorance is not the cause of its inaction. In general, there are no new data or ideas. The growth of the epidemic and the consequences we are seeing were foreseen years ago. At a debate right here, on 29 September 1999, these matters were addressed, though no apparent progress has been made.

We understand with profound and painful realism that there will be no solutions without economic development. Africa would have to spend more than $57 billion dollars a year just for anti-retroviral drugs for current patients and, if the developed countries' therapeutic schemes were to be followed, they would cost more than $250 billion. Today, Africa can barely spend $10 per capita on health, which in some countries constitutes one ninth of their debt service.

Forty-four per cent of Africans — more than half of the sub-Saharan African population — live in conditions of absolute poverty. Eight million African refugees scarcely receive care or resources. Equally serious are the malaria epidemic and the deaths of millions of people from hunger and curable or preventable diseases. Every year, 4.7 million Africans die of infectious and parasitic diseases, 92 times the number of deaths by the same cause in Western Europe. Life expectancy is expected to drop to 45 years. More than one third of African countries is or has recently been in a conflict situation.

In 1998, Africa received less than $5 billion — 3 per cent of the world's total — in direct foreign investments. Its current account deficit was $16 billion, over three times that of the previous year. The debt burden was up $350 billion, more than three times Africa's exports of goods and services. Meanwhile, official development assistance accounts for only 0.23 per cent of the developed countries' gross domestic product.

Development will be impossible and there will be no structural or lasting solutions to the AIDS problem in Africa unless the unjust and unsustainable world order that we are suffering under today changes. It is imperative that palliatives be found to the epidemic by means of the integrated efforts of the international community. The required resources can be contributed only by the developed countries, which control 86 per cent of the world's gross domestic product, 82 per cent of exports, 68 per cent of investments and 74 per cent of telephones. AIDS in Africa, like hunger, is a problem of underdevelopment, not of security.

It is necessary to move on to facts. Cuba reiterates its proposal to establish a collaboration project through the Joint United Nations Programme on HIV/AIDS, the World Health Organization and other agencies and funds for sub-Saharan Africa, the Caribbean and Central America to confront AIDS, among other health problems, to which Cuba is ready to contribute medical personnel free of charge.

Cuba also reiterates its proposal to provide, free of charge, all the medical personnel required to launch an integrated and emergency health campaign in northern sub-Saharan Africa. We propose that the United Nations agencies, funds and programmes and the developed countries provide thereto the minimum indispensable resources, mainly medicines and medical equipment.

With one doctor and oral hydration salts, which cost just a few cents, a child's life can be saved. The Cuban people, with the same feelings that cause them to shudder today and struggle for the fate of just one of their children illegally and arbitrarily held in the United States, will provide the doctor.

This effort is feasible and will not require many resources. Cuba has been undertaking it on its own, to the extent of its capacities, and currently has 43 medical teams in 11 countries, providing health care to over 10 million people. The expansion of this cooperation is currently under way. A Latin American University of Medical Sciences has been set up with a prospective enrolment of 6,000 students. Steps are being taken to establish medical schools with Cuban professors in two African countries. A vaccination campaign is being waged in Haiti. All the necessary college scholarships will be provided free of charge to the Caribbean countries.

Hundreds of African youths are studying in Cuba, where close to 27,000 professionals and technicians have graduated and more than 5,000 have been trained. As physicians and dentists alone, 1,165 have graduated. More than 80,000 Cuban civilian participants have served in Africa, nearly 25,000 of them in health care.

With political will and effective social programmes, the exploitation of resources, the creation of effective and comprehensive health and education systems for the whole population, as well as equity in the distribution of wealth, a small, poor and blockaded country like Cuba can point to successful experience in AIDS treatment and control.

Since 1986 through 31 December 1999, 2,676 seropositive persons, 1,001 AIDS patients and 691 AIDS-related deaths have been reported. The epidemic has grown slowly and is considered to be a low-transmission one. Only 0.03 per cent of the population between the ages of 15 and 49 is infected.

All AIDS-infected Cubans enjoy thorough care; broad medical coverage, understanding and human solidarity; the right to confidentiality; and full respect for their private life. They are not discriminated against; they are guaranteed their right to work, social security and health care, generally through modern out-patient treatment. Their legal status is respected and the enjoyment and exercise of their human rights are ensured. Health-related education is effective and universal. The Cuban AIDS-vaccine project, now in the phase of clinical testing in humans, is among the most advanced worldwide. May our experience, which we humbly and modestly present, serve as an opportunity to demonstrate that this effort is feasible.

The United Nations has to act. The General Assembly should define policies and mandates for an urgent and integrated effort in Africa, either through the special session proposed today or otherwise. The World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNDP) and other agencies, funds and programmes must take immediate action. The Economic and Social Council should consider ways to provide effective coordination.

If humankind's conscience is reflected in actions by Governments, if other international protagonists participate responsibly, if developed countries act altruistically, if it is understood that there will be no peace or development without peace and development in Africa and that in a globalized world the only future that can be built is a common one, then the fight against AIDS will be possible.

The President: I thank the representative of Cuba for his strong contribution.

The next speaker inscribed on my list is the representative of Italy. I invite him to take a seat at the Council table and to make his statement.

Mr. Vento (Italy): Italy, speaking also as a member of the European Union, welcomes the initiative of the United States presidency of the Security Council, which enlarges the notion of insecurity and of the response of the international community by opening the agenda of this body, with clear priority granted to the challenges arising from the African continent, in the broader context of the initiatives by the Secretary-General and the General Assembly on Africa. Furthermore, the important statement of the President of the World Bank this morning delivers clear and authoritative confirmation of the need for an integrated international strategy, which the present initiative has emphasized.

Italy obviously subscribes to the statement made by the Portuguese Presidency of the European Union. Therefore, like a number of Permanent Representatives from other European Union member States who have already taken the floor, I will confine my remarks to a few factual comments and data on the specific contribution that Italy is planning to make for the year 2000 in the framework of the International Partnership against HIV/AIDS in Africa.

The Italian initiative is grounded in two specific areas of policy: first, the experience of Italy itself as a country which has been engaged with African countries for decades in development cooperation and official development assistance, specifically in fields related to health, scientific education and the environment; and secondly, the major flows of African immigrant workers that have moved to our country in the last 10 years, which have enhanced our ties with Africa.

Our integrated strategy of support for the national efforts of African countries is based on the scientific knowledge and therapies developed in my country through a yearly allotment of resources amounting to about $163 million since 1993 in the field of research and related contacts carried out by Italian institutions, academic bodies and specialized hospitals. This cooperation strategy will focus primarily on actions of prevention through vaccination programmes and education and communication campaigns in schools, workplaces and the media; epidemiological surveillance; decreasing the rate of maternal transmission; assistance to orphans and families affected by HIV/AIDS; capacity-building; personnel training; and research support.

The overall size of Italy's financial contribution to fight the HIV/AIDS epidemic in Africa will be approximately $20 million in the year 2000, and it will be channelled through multilateral and bilateral programmes. A contribution of $8 million will be provided to the World Health Organization, in addition to the disbursement of $2 million to the Joint United Nations Programme on HIV/AIDS (UNAIDS). Furthermore, bilateral emergency intervention amounting to about $5.5 million will be organized in the most affected African countries. Finally, we envisage, on a bilateral basis, about $4 million for a specific subregional programme for the Great Lakes area, in Burundi, Rwanda and Uganda. Wherever possible we shall seek to involve non-governmental organizations and local Italian communities in order to help build and consolidate a grass-roots approach.

We owe it to the African people affected by this scourge to deploy every means necessary to defeat the pandemic, without ignoring or disregarding the other serious problems affecting the African continent in the areas of basic needs, poverty, environment, infrastructure and development financing, which interact with this plight.

The President: I apologize, Mr. Ambassador, for not having begun by welcoming you to the United Nations and to the Security Council. I know this is your first appearance here, Ambassador Vento. We welcome you. We are delighted you are with us.

The next speaker inscribed on my list is the representative of New Zealand. I invite him to take a seat at the Council table and to make his statement.

Mr. Powles (New Zealand): I have the honour to speak today on behalf of the following members of the South Pacific Forum: Australia, Fiji, the Marshall Islands, the Federated States of Micronesia, Papua New Guinea, Solomon Islands, Tonga, Vanuatu and New Zealand. Despite the length of this list, our statement is very short.

We welcome the focus by the Security Council on the issue of AIDS and its impact on peace and security in Africa. We also endorse the broadening of participation of non-members in the work of this Council.

The sheer magnitude and severity of the AIDS epidemic in Africa warrants urgent attention. The spread of the disease in the region is, to borrow the words of the Executive Director of UNAIDS, nothing short of an unprecedented human disaster, eroding human, social and economic development and needing a response of emergency proportions.

In his 1998 report on the causes of conflict and the promotion of durable peace and sustainable development in Africa (S/1998/318), the Secretary-General recognized that AIDS and the public health crisis facing Africa have serious consequences for the economic and social progress which is central to reducing conflict in the region.

AIDS is a global problem. It does not recognize national borders. It is therefore imperative that a concerted global effort be made by the international community to combat this disease around the world, but the scale of the problem in Africa makes that region's needs unique.

Through our membership in United Nations funds and programmes and the specialized agencies active in this field, the countries of the South Pacific will continue to support all efforts for effective measures to combat the spread of this disease.

Our South Pacific region is about as distant from Africa as can be. But as they face these awesome challenges, we would like to underline our solidarity with our friends in Africa.

The President: I thank the representative of New Zealand for his kind words about this meeting.

The next speaker is the representative of Zambia. I invite him to take a seat at the Council table and to make his statement. May I say how much we are looking forward to the arrival in New York, in less than two weeks, of his President to join us in this historic set of meetings on Africa.

Mr. Kasanda (Zambia): My delegation is particularly grateful for the fact that the first Council meeting of the new millennium has dealt with this high-profile discussion on the AIDS pandemic in Africa. We thank you very much, Mr. President, for making this possible.

There is no doubt that the AIDS epidemic is having a negative impact on the sustainable development of African countries. It destroys the most productive sector of African populations. Technicians, teachers, factory workers, doctors — all fall victim to this pandemic. Virtually no aspect of public or private life remains untouched by its devastating impact. The disruption of the social fabric of African communities is immense. The numbers of orphaned children, street kids and households headed by teenagers who are themselves HIV-positive are all on the increase throughout Africa. The AIDS scourge is threatening the very foundations of African societies, threatening economic and social stability and, in the end, leading to political instability throughout the continent. In this new millennium, HIV/AIDS will constitute the key factor that will determine the pace and quality of our development, well-being and survival.

It is clear from what we have heard this morning and this afternoon that the AIDS pandemic presents the greatest challenge not only to Africa, but to the international community as a whole. A number of responses have been offered by many speakers today. However, my delegation would like to emphasize several points.

I will start with African countries. In this regard, the most important first step, as we see it, is political commitment. We must recognize the disease for what it is: a threat to our very survival as viable nations.

Secondly, we must step up the effort that we are engaged in to discontinue traditional or cultural practices that encourage the spread of HIV/AIDS. Thirdly, we must reduce the stigma associated with HIV/AIDS. We must embrace people living with AIDS and recognize them as equal members of society. The conspiracy of silence must be broken and we must begin treating AIDS like any other disease that must be openly confronted. Fourthly, AIDS education should form an essential part of the curricula in our schools. We must openly discuss, in the workplace, the prevention and treatment of AIDS, and care for those living with AIDS. Education not only removes the stigma on the AIDS condition but also leads to favourable and positive change in behaviour patterns by groups most at risk.

The next stage in the fight against the AIDS pandemic is international support. The world and Africa must fight the disease as partners. International partnerships in research activity and treatment already in place must be strengthened, improved and better coordinated. In the end, however, it is the lack of financial resources that is proving the greatest obstacle to success in the war against AIDS. At this juncture, my delegation would like to thank the United States Government for the contribution which the Vice-President announced this morning to the global war against the AIDS pandemic. We must hope that this example will be emulated by other Governments and international financial institutions.

The next track of international support to Africa lies in a renewed commitment to increase official development assistance to Africa. In this regard, it is our belief that development assistance from donors could include specific components for AIDS-related activities. There is also the eternal problem of the debt burden of African countries. Scarce resources continue to be spent on servicing the debt. If the war against AIDS is to be meaningful, a comprehensive and lasting solution must be urgently found to the debt problem. Creditor nations have the capacity and the will to bring about positive change and make a difference in this regard.

The last area in which international support is required is treatment and drugs. Africa must have access to affordable drugs that prolong the lives of people with HIV, together with treatment for opportunistic infections that occur in people with AIDS. There are also the problems of dual infections, such as HIV infection concurrent with tuberculosis or with other sexually transmitted diseases. There is also the problem of mother-to-child transmission. All of these can be prevented only if appropriate and affordable drugs are available.

The Zambian delegation values the discussion that has taken place today on a subject that is so vital to human development, and my delegation shares your hope, Mr. President, that the dialogue that has begun today will be continued in the Council's later work.

The President: We have only a few speakers left. I am optimistic that if we move rapidly we will finish shortly. If any representatives wish to make any concluding observations, they will, of course, be welcome to do so.

The next speaker on my list is the representative of Cyprus. I invite him to take a seat at the Council table and to make his statement.

Mr. Zackheos (Cyprus) My delegation aligns itself with the statement made on behalf of the European Union. However, I would like to make a few additional remarks. I wish at the outset to express my Government's appreciation for your initiative, Mr. President, to convene this open meeting of the Security Council. We are encouraged by the fact that the Vice-President of the United States, Mr. Al Gore, opened this first Council meeting of the year 2000 and by his pledge of increased United States contributions. We share the concern expressed by the Secretary-General at this grave humanitarian emergency facing the world, particularly in Africa, with the spread of HIV/AIDS.

Cyprus considers the discussion in the Security Council to be a good opportunity for refocusing the attention of the international community and its commitment to confronting this pandemic, as well as to supporting Africa's endeavours for economic and social development, which is inextricably linked with strengthening regional peace and security. The AIDS epidemic is a serious threat to mankind, and especially to Africa, since, as was so grimly pointed out, it takes more African lives each year than all the conflicts in that region combined. We also express our particular concern about the rising number of infected children and women.

We hope that the dialogue that is being initiated today in the Security Council will address not only the major scientific and medical challenges which remain but also the socio-economic consequences in many countries. We need, however, to go beyond discussions and pursue effective solutions and practical responses. Sub-Saharan

Africa is experiencing a disproportionately high level of the epidemic, which is causing great human and material suffering. We must also address the need to invigorate the efforts to make scientific discoveries and to provide solutions to stop the transmission of the disease. Efforts to develop a vaccine which will not be costly and will not have severe side effects must be intensified. In this respect, I would also stress the need for HIV screening of blood donors.

Over the years, through the efforts of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and of international and regional conferences, many of the taboos and myths about HIV have been dispelled. It is important that, on such a sensitive issue, people be provided with the necessary knowledge and health information, which will act as the best preventive measure.

While our specific discussion concerns the region of Africa, we must not lose sight of the fact that AIDS is an international epidemic which requires a global response based on a common strategy, solidarity and compassion, as well as close coordination between Governments, non-governmental organizations, including organizations dealing with people living with HIV/AIDS, religious organizations and the business community. Of course the United Nations role remains indispensable.

Speaking about international cooperation on this issue, I would like to stress once again the need for helping Africa overcome its serious economic problems, which, despite progress in some countries, still persist. Noting the courage and the burden carried by African countries in pursuing economic reform, we believe that the international community should redouble its efforts to alleviate the suffering of millions of people in the continent.

Special attention should be given to debt relief and the needs of the least developed countries and other African countries that are in danger of marginalization. Part of the savings resulting from debt relief can be effectively utilized for awareness campaigns about HIV/AIDS and for better infrastructure to assist the victims of this disease.

Being so close to Africa, we have always had strong ties with the African peoples. These special bonds were forged during the decolonization era and by the presence of Cypriot communities in many African countries. Cyprus, within its capabilities, has consistently offered assistance to African countries. In particular, the Cyprus Government is providing scholarships for graduate and post-graduate programmes in various fields, as well as special programmes such as nursing. We pledge our continued support to the efforts of the international community, in solidarity with Africa, to confront the AIDS pandemic and to strengthen peace, cooperation and development in the continent.

The President: I thank the representative of Cyprus for his kind words addressed to me.

I also thank him for staying well within the five-minute recommendation, as I should have likewise thanked the representative of New Zealand.

The next speaker inscribed on my list is the representative of Nigeria. I invite him to take a seat at the Council table and to make his statement.

Mr. Mbanefo (Nigeria): As much as I am tempted to speak without my prepared speech, I find that in order to save time it would be wise to confine myself to my prepared text.

On behalf of the Government and the people of the Federal Republic of Nigeria, I thank you most sincerely, Mr. President, for convening this dialogue in the Security Council on the situation in Africa and the impact of AIDS and security. The fact that no less a person than the Vice-President of the United States presided over the proceedings today underscores the importance your country attaches to the HIV/AIDS pandemic in Africa. In this regard, the financial commitments announced by the Vice-President are welcome.

The Secretary-General, Mr. Kofi Annan, deserves special commendation for his statement, which not only painted a true and pathetic picture of the scourge of HIV/AIDS in Africa but also called for urgent international action to save mankind from the looming catastrophe.

As my President, Chief Olusegun Obasanjo, recently reminded the General Assembly, Africa is bearing the brunt of this terrible disease, which now kills about 2 million people annually on the continent. Indeed, it has overtaken malaria as Africa's major primary health-care problem. In fact, the World Health Organization report released last November showed that of the 5.6 million people in the world diagnosed with HIV last year, 70 per cent were in Africa, and nowhere is the rate of HIV infection growing faster than in Africa.

The impact of HIV/AIDS is multidimensional. That it threatens the security of any nation cannot be in doubt. Demographically, the population is incrementally decimated or, at best, debilitated. Economically, the labour force suffers attrition, thereby paralysing national productivity, economic growth and sustainable development. It destroys communities by generating social disharmony. The physical defence of the nation is not spared either, as the manpower needed to secure nations' territorial integrity is most adversely affected. Even the residual population is systematically whittled down through death from this pandemic. Women and children are not spared. The worst impact of all is the looming extinction of entire populations of nations.

It is now scientifically well established that this killer disease does not respect national boundaries. It thus poses a serious and real threat to humanity and universal security. Global statistics have not shown any nation, developed or developing, to be free from HIV/AIDS. But its prevalence in Africa, a continent of 53 developing countries and toddling economies clamped down by huge external debt overhang and lack of technically skilled human resources, deserves urgent national and international joint action to find solutions and work towards the eradication of this global scourge.

What must be done? As one of its new national priorities, Nigeria has renewed its commitment to the crusade against HIV/AIDS at various levels. President Obasanjo has assumed personal leadership of the campaign against HIV/AIDS in Nigeria. Indeed, the cabinet committee on HIV/AIDS was inaugurated this morning in Nigeria. Policies are being reviewed to ensure a more favourable environment for HIV/AIDS control. More stakeholders are being mobilized in the response against HIV/AIDS through the Expanded National Response to AIDS (ENRA). More funds are being allocated to our national AIDS programmes. The media awareness campaign is being intensified at all levels of government, with an active response from both local and international non-governmental organizations. HIV surveillance has been intensified to define the determinants and driving force of the epidemic.

The Nigerian Government hopes that access to information and the prevention of mother-to-child transmission of HIV, combined with access to curative drugs, will have a positive impact at the grass-roots level of society to stem the spread of the disease. It is of the view that HIV/AIDS-diagnosed persons must not be stigmatized and treated as outcasts of society. They need understanding and therefore must be encouraged to be open about their affliction, as this is the only way to ensure that the problem is adequately tackled at all levels. Education and information therefore must play vital roles for the containment and the subsequent eradication of this global problem.

Such national efforts as these stand to achieve little, given the enormity of the pandemic and the socio-economic and scientific hindrances prevalent in the African continent. Just as the impact of AIDS is multidimensional, so should the solution to it take into account not only the aspect of medical cure but also the concomitant hindrances that militate against Africa's efforts to rid itself of disease and develop its people and its economies.

Africa has been ravaged by intractable armed conflicts, disease, poverty and so on. As if the devastating effects of those things were not enough, HIV/AIDS has been added to its woes. The HIV/AIDS pandemic, which threatens mankind with extinction — and especially today in Africa — together with armed conflicts, deserves no less attention from the Security Council than the use or threat of nuclear weaponry in any part of the world, which is rightly regarded as a threat to international peace and security. Nigeria therefore hopes that the results of this discussion today will mark the beginning of the establishment of concrete action plans to address this very urgent world problem.

Encouraged by the goodwill of the global partnership against AIDS, we believe that the issues of AIDS and armed conflicts, with all their impact on the African situation, will be accorded the status of an international security agenda item, which they deserve and which, we also believe, fall within the competence of the Security Council.

The President: I thank the representative of Nigeria for his important statement. If there is no objection, I would ask him to convey, on behalf of the entire Security Council, our congratulations to President Obasanjo for the new HIV committee that he established today in Nigeria.

The next speaker inscribed on my list is the representative of Australia. I invite her to take a seat at the Council table and to make her statement.

Ms. Wensley (Australia): Australia is extremely concerned about the continuing advance of the HIV/AIDS epidemic in Africa and elsewhere. We associate ourselves fully with the South Pacific countries' statement to the Council.

I have a prepared statement, which I will circulate. I wish simply to highlight several points.

The priority that Australia accords the fight against HIV/AIDS in Africa is reflected in our aid programme. Despite the fact that our international development effort is primarily directed towards the Asia and Pacific region, Africa does receive a high proportion of our global HIV/AIDS expenditure. As a relatively small donor in Africa, we will continue to direct a significant proportion of our overall aid to Africa towards HIV/AIDS and to do our best to play a supporting role in this area.

We have committed ourselves to spending $10 million over four years to help fight HIV/AIDS in southern and eastern Africa in particular. Our HIV/AIDS programme in Africa targets rural communities and the more vulnerable members of society, including women and children. In implementing the programme, we are working very closely with the Governments of African countries, with multilateral agencies and especially with local non-governmental organizations — not something that I have heard a great deal about in today's discussion, but an aspect that we think is very important in the effective implementation of programmes.

In our future bilateral projects, we will continue to seek to strengthen partner Governments' capacity to engage in long-term planning to address the social and economic impact of the epidemic. In that respect, I have heard many speakers place emphasis on the value of research, and they have particularly emphasized the importance of medical research. But for our part we think that there is very important research that needs to be done in other areas and which should be maintained. The sort of thing I am thinking of is the kind of study that was done at the Australian National University by the demographics area, which was a 10-year study of AIDS in Africa. That produced very important data — things like studies of life expectancy in Zimbabwe, which has been reduced from the 50 years expected in the year 2000 to now 37 years. That sort of data is very important for us all to be factoring into our long-term planning to deal with the AIDS pandemic.

We wish also to place particular focus in our strategies on youth and on mothers at risk of transmitting HIV to their children. One initiative that we have taken recently which may be of interest is to fund something called an "optimal feeding practices programme" to reduce the risk of mother-to-child transmission in southern Africa.

I would like to make three final points that are not in my written statement but are in response to matters raised in the discussion today, which I have found extremely valuable.

First, I have noticed a constant interest in best-practice lessons learned and in education and awareness-raising. The focus of this discussion today is Africa, but AIDS is present in Australia and in our region, and we have very well-developed national and regional programmes at those levels that we would wish to share and to draw on, in consultation particularly with the Joint United Nations Programme on HIV/AIDS.

In that respect, references to the clearing house and the response that Peter Piot gave earlier in the day underline, I think, the importance of that concept's being developed and refined further, picking up on many of the points made in today's debate.

The second point is that I detected a certain impatience, perhaps, towards the end of the day, with a long list of speakers, a certain diminishing attention span, and I noted the comment by our colleague from the United Kingdom that just the very fact that we have had this debate was probably enough. And perhaps there has been some repetition. But from the viewpoint of non-members of the Council in particular, and of non-African Member States, there are two very valuable things about having a long list of speakers. First, it involves us in the business of the Council as non-members, and secondly, it is really important, not just that we are raising awareness here, but that Member States speak and can convey statements back to their own Governments.

Donor countries need to sensitive, galvanize and mobilize our own communities in the support for AIDS, and this sort of debate has an enormously beneficial impact on helping us to sensitize our own communities, not just the international community. After all, democratic Governments are going to act only in response to pressures from their communities and from their electorates.

The third point is that the Permanent Representative of Jamaica referred in her statement to peacekeeping. I hope that Member States will bear what she said in mind at the resumed session of the Fifth Committee in May and June, which focuses on peacekeeping finance. I make that point not just because I am the Chairman of the Fifth Committee, but because one of the problems with the United Nations is that we over-compartmentalize our work, and what Member States say and do in one forum and one part of this system does not necessarily flow through to their actions in other parts of the United Nations.

What I would hope, in picking up the challenge that Jeremy Greenstock laid down, and in asking what we are going to do to follow up and where is the follow-through, is that we will make an active and determined effort to examine how what we have said here as Member States is reflected in the decisions and the actions that we take elsewhere, whether it be in the Commission on Human Rights in Geneva or the Commission on the Status of Women — which is especially important in view of the vulnerability of women, to which so many people have referred — whether it be in the meetings of executive boards or in the decisions that are being made about resource allocation, in committees dealing with peacekeeping or in the preparations for the Millennium Summit.

There have been a lot of calls here for people to be creative and committed, but I think that we have to be opportunistic and look at everything we are doing in this House and in this Organization to give reflection to the sort of concerns that have been expressed here, and that we should be consistent in what we say and do as Member States in addressing this epidemic and the threat that it represents to international stability and security.

The President: I wish to comment on one thing that Ambassador Wensley said, which is quite important. She spoke of over-compartmentalization at the United Nations. Nothing underlines more what we are trying to do than that comment, because we are trying to break down those compartmentalizations. With respect to the six undertakings mentioned in Peter Piot's statements, we will also move in that direction.

Mr. Mohammed (Ethiopia): First of all, Mr. President, I wish to congratulate you on your assumption of the presidency of the Council. Your initiative, as President, to focus attention this month on African issues is a most welcome sign of hope in the Council in addressing the often-justified criticism of its record in handling African issues. We wish you success in your endeavours.

To come back to the issue before the Council, namely the impact of AIDS on peace and security in Africa, much has been said by representatives and participants in today's Council meeting in stressing the fact that combating AIDS is of vital importance and urgency to all nations, as this scourge poses socio-economic as well as political and security challenges with serious implications.

Since the time of its emergence, the spread of HIV and AIDS has been dramatic, especially in Africa. Of the estimated more than 34 million HIV-positive people worldwide, about 21 million are from the African continent. What this means is that the demographic, economic and social effects, as well as the national security impact, of AIDS on our countries in Africa are enormous. The epidemic consumes our potential and forces us to divert our meagre resources from our development endeavours to AIDS-related activities.

AIDS affects every social group in our societies. It is taking the lives of our citizens, be they old or young, educated or uneducated, rich or poor. AIDS does not discriminate, but the young are the most frequent victims of this disease. As this sector of the population constitutes the skilled manpower in any nation, the impact of the loss of the young on economic and social development can hardly be over-emphasized. The number of children infected or orphaned by AIDS is ever increasing.

In sum, AIDS is a threat to present and future generations. Here lies the seriousness of the challenges and of the threat it poses to human security and survival, if not met with an urgent and adequate response. The AIDS epidemic undermines our efforts to build our economy and frustrates our people's hopes and aspirations to make a decent life. Above all, it deprives our children of their parents, our men and women of their ability to care for their families, and our countries of the enterprise and ingenuity of a whole generation.

Although AIDS can be seen largely as a medical problem, its consequences and impact on nations are complex and alarmingly serious. Therefore, the responsibility for finding solutions requires a comprehensive approach at all levels. As underlined by many speakers, in order to fight AIDS effectively, partnership between Government agencies, non-governmental organizations, the business community, private citizens, HIV-infected people and AIDS activist groups is essential. Communities and Governments should work hand-in-hand to find a solution.

In Ethiopia, efforts to contain the spread of HIV/AIDS through public awareness campaigns have been made since the mid- 1980s. Accordingly, in 1987 a National AIDS Control Programme was established within the Ministry of Health. To complement the effort of the Programme some civic groups undertook awareness-creation activities on effects of AIDS. However, the efforts could not produce the desired results. In recognition of this reality the Government of Ethiopia formulated an HIV/AIDS policy aimed at creating an environment conducive to enhanced partnership among the Government, the civil society and the international community to fight the disease. Currently, in order to mobilize all resources of the society, the Federal Government is focusing on a comprehensive programme and is in the process of establishing a national council to monitor its implementation. To bring about the desired results, these efforts require international support and assistance. This is also true of all other African countries.

As the Secretary-General pointed out this morning, the HIV/AIDS epidemic is not only an African problem. It is global, and as such its prevention and eradication require the commitment and action of all nations. It is our earnest hope that this meeting of the Council, opened by the Vice-President of the United States of America, with the participation of heads of important institutions such as the World Bank, the United Nations Development Programme and the Joint United Nations Programme on HIV/AIDS (UNAIDS) will pave the way for more effective and coordinated international cooperation and action in the fight against HIV/AIDS. We welcome the announcement by Vice-President Gore that the United States will devote additional resources to the fight against AIDS worldwide.

International support and assistance to Africa is indispensable to its efforts to fight the HIV/AIDS scourge. While Africa at present faces the heaviest burden of HIV/AIDS of any part of the globe, the assistance and support it has received thus far is very disappointing, as rightly illustrated by Dr. Peter Piot, Executive Director of UNAIDS.

The response by the international community to the HIV/AIDS challenge in Africa should be concrete and practical. While support to African countries to prevent the spread of HIV/AIDS is important and urgent, ensuring affordable access to effective treatment and addressing the various socio-economic impacts of HIV/AIDS remain urgent tasks to be undertaken.

The President: I thank you for your kind words. The next speaker is the representative of the Democratic Republic of the Congo. I invite him to take a seat at the Council table and make his statement.

Mr. Ileka (Democratic Republic of the Congo)(*spoke in French*): Mr. President, your presidency of the Security Council for this month has been placed under the sign of Africa. My delegation would therefore like to congratulate you for this praiseworthy initiative and take this opportunity to express our hope, which is entirely legitimate, that during this month many scourges now afflicting the African continent will begin to be solved in a concrete and credible way.

My delegation would like to congratulate you as well for having organized this special Security Council meeting particularly devoted to the struggle against HIV/AIDS in Africa. The opening of the meeting by the Vice-President of the United States of America is undoubtedly a sign of the growing interest his country has in committing the international community as a whole to an effective campaign against this virus which is decimating the entire continent.

My delegation shares your view, Mr. President, when you say that the devastating figures on AIDS in Africa demonstrate that this is much more than a question of health. It is truly a question of security, as well as of the deteriorating economy and of poverty, because by decimating elites and creating millions of orphans, this disease is in effect creating and provoking economic and social crises which destabilize fragile societies and give rise to armed conflicts which themselves help to spread AIDS.

In sub-Saharan Africa, a region of which my country, the Democratic Republic of the Congo, is part, the AIDS pandemic is now undergoing its greatest spread. The Governments of the region have indeed committed themselves to struggle to find various ways of preventing even greater spread. They continue to seek even more effective means to reduce the effects of AIDS, despite the enormous difficulties they are undergoing due to limited resources, which are always on a downward curve, to poverty and to all types of wars. Thus, my delegation welcomes the measures announced today by the Vice-President of the United States while expressing our hope that they will be put into effect quickly.

In the past, my country was in the forefront of the struggle against AIDS in Central Africa. Benefiting from consistent bilateral and multilateral cooperation, it developed with the assistance of the donor community an AIDS project which seriously attacked the effects of the virus and which was a success mainly in the field of prevention and access to information about AIDS.

Unfortunately, in 1991 and 1993 my country underwent large-scale pillaging which destroyed that infrastructure. Furthermore, the nameless embargo which my country has suffered for more than a decade has made obsolete any hope of resumption of this cooperation, which was nevertheless beneficial to all the Congolese people.

In 1994, my country was the unwilling host of millions of refugees who came mainly from neighbouring Rwanda. Their presence on our soil was a disaster ecologically, socially and economically. In the eastern provinces this undesired presence was also the vector of sexually transmitted diseases and very clearly of the HIV/AIDS virus as well.

Since 2 August 1998, my country has been undergoing the horrors of aggression on the part of an armed coalition of the regular forces of Rwanda, Uganda and Burundi. This war, with its accompanying suffering, displaced populations and new flows of refugees living in extremely precarious sanitary conditions, is a major contribution to the spread of AIDS.

However, it is true that during the past year the leading cause of death in my country has remained malaria, closely followed by the direct victims of war and of AIDS. But the impact of this war should not be underestimated. At the present time, both in the occupied provinces and the free zones, war is the main source of the general deterioration of the living conditions of the Congolese people, thus making it difficult, even impossible, for our people to have access to such things as basic health care. The Congolese people have thus become a feeding ground for all sorts of diseases, including viruses that had been unsuspected until very recently — the Ebola virus and the Marburg virus — and for which, just as for AIDS, there is no vaccine.

The war has also witnessed an increase in a military practice that, to say the least, is of a strange nature, practised by the armed forces of Uganda — that is, the sending into the field of operations thousands of AIDS-infected or seropositive soldiers whose mission is to rape women and young girls in order to spread AIDS. The international community is duty-bound to end this crime against humanity committed by Rwanda, Burundi and Uganda on the territory of the Democratic Republic of the Congo.

This month of Africa and this year of the millennium provide the Security Council with an opportunity to shoulder its responsibilities with full knowledge of the facts in order to allow the Democratic Republic of the Congo to confront the twenty-first century with optimism. The international community is also duty-bound to assist the Democratic Republic of the Congo in its efforts to return to peace, to bring about an economic recovery and reconstruction of its infrastructure, including health and medical reconstruction, so that present and future Congolese generations can again hope for a better and more radiant future.

The President: The next speaker inscribed on my list is the representative of Senegal. I invite him to take a seat at the Council table and to make his statement.

Mr. Ka (Senegal) (*spoke in French*): I would firstly like to thank you, Mr. President, for having taken the initiative of including the important question of AIDS on the Council's agenda. Everything has been very well said by the Vice-President of the United States, the African Ministers, the United Nations Secretary-General and the previous speakers. My privileged position as the last speaker means that I can be very brief at this very late hour of our discussions.

There can no longer be any doubt that the AIDS epidemic is far from being a simple public health problem. For our continent, which pays the heaviest price, this epidemic also poses a development problem, maybe even a problem for the future of the continent. It is good that the United Nations and the Security Council today have grasped the full magnitude of the threat posed by this disease to the human development of the people of the continent and has decided to coordinate their efforts and those of United Nations agencies to tackle the problem.

Africans have not given up in the crusade against AIDS. They have deployed tremendous efforts to eliminate this disease, as was recalled by the Minister of Namibia a few moments ago.

Upon the initiative of Senegal in 1992, at the summit meeting of the Organization of African Unity in

Dakar, a resolution was adopted that acknowledged AIDS as a real threat to the continent's future and called upon the African States to do their utmost to curb the spread and impact of this scourge. My country committed itself very quickly to a broad, multisectoral and multidisciplinary response by setting up a national programme to fight AIDS. That programme benefited from a favourable structural situation in dealing with the disease and was fortunately supported by a Senegalese society imbued by moral, traditional and religious values.

From the health standpoint, the real preventive strategies were realized just after setting up the National AIDS Committee. Need I recall that it was in Senegal that researchers proved the existence of the HIV type 2 for the first time? In 1990, there already was general access in Senegal to condoms, the sale and distribution of which increased tenfold over the past ten years.

Insofar as information, education and communications are concerned, beginning in 1992, Senegal had included sex education for youth in primary and secondary school instruction on the spread of the AIDS virus and more than 130,000 schoolbooks devoted to the information, education and communication on AIDS were distributed in 1997 in public and private educational institutions. Hundreds of non-governmental organizations and associations of people living with AIDS were set up and have been participating in the struggle against AIDS. Political dialogue, training seminars and discussions led by community leaders, religious leaders, parliamentarians, professionals and journalists are some of the strategies in combating AIDS.

Senegal has also been at the forefront of this new struggle against AIDS, from the very outset of this thinking about introducing new strategies throughout the continent. This thinking has led to the UNAIDS initiative that has worked to the benefit of two African countries.

Out of concern for cohesiveness and continuity, Senegal has given supplementary financial assistance to make it possible for people who have AIDS to receive treatment. Because of the encouraging results obtained by my country in the crusade against AIDS, President Abdou Diouf was honoured by UNAIDS, together with his brother and friend, President Yoweri Mouseveni of Uganda. They received the first prize for excellence in the struggle against AIDS.

By way of conclusion, I should simply like to say that these efforts must be supported and reinforced. Vigilance must be the rule, for the history of these diseases teaches us that when vigilance drops, the infectious agents profit.

I should like to pay tribute to our international multilateral partners — notably, the World Bank, the United Nations Development Programme (UNDP) and the World Health Organization (WHO) — and our bilateral partners, who continue to support us in our struggle against AIDS. I am convinced that we will be able to rely on the fame and the influence of the Security Council to be our interpreter to all our partners and tell them how determined we are to ensure that future African generations will see a horizon free of the spectre of this pandemic that seriously compromises the chances for development, peace and stability on the African continent.

The President: I thank the representative of Senegal for his special reference to the role of the Security Council on this issue, which certainly echoes the views of most of us here and, speaking as the American representative, our own.

There are no more speakers on my list. I would like to make some observations about what we have done today, but, with members' permission, since we have been here now for nine hours, I would like to reserve those for the beginning of our Thursday meeting on refugees, when High Commissioner Ogata will be with us. The connection between refugees and this issue has been noted by several speakers today. I believe the Minister of Health of Namibia made a specific point of it, as did some others. There is thus a natural connection between them.

The meeting rose at 6.55 p.m.

United Nations

S/PV.4088

Provisional

Security Council

Fifty-fifth Year

4088th Meeting

Thursday, 13 January 2000, 10.30 a.m.
New York

President:	Mr. Holbrooke	(United States of America)
Members:	Argentina	Ms. Moglia
	Bangladesh	Mr. Chowdhury
	Canada	Mr. Duval
	China	Mr. Chen Xu
	France	Mr. Doutriaux
	Jamaica	Miss Durrant
	Malaysia	Mr. Hasmy
	Mali	Mr. Keita
	Namibia	Mr. Andjaba
	Netherlands	Mr. van Walsum
	Russian Federation	Mr. Granovsky
	Tunisia	Mr. Ben Mustapha
	Ukraine	Mr. Yel'chenko
	United Kingdom of Great Britain and Northern Ireland	Sir Jeremy Greenstock

Agenda

The situation in Croatia

Report of the Secretary-General on the United Nations Mission of Observers in Prevlaka (S/1999/1302)

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. The final text will be printed in the *Official Records of the Security Council*. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room C-178.

The meeting was called to order at 10.40 a.m.

Remarks by the President

The President: Before we begin, I would like to welcome the people in the gallery and say that before we turn to the main issue of the morning, which is an extremely important discussion of refugees, we have one other formal order of business: the adoption of a formal United Nations Security Council resolution. I shall turn to that first.

Adoption of the agenda

The agenda was adopted.

The situation in Croatia

Report of the Secretary-General on the United Nations Mission of Observers in Prevlaka (S/1999/1302)

The President: I should like to inform the Council that I have received letters from the representatives of Croatia, Germany and Italy, in which they request to be invited to participate in the discussion of the item on the Council's agenda. In conformity with the usual practice, I propose, with the consent of the Council, to invite those representatives to participate in the discussion without the right to vote, in accordance with the relevant provisions of the Charter and rule 37 of the Council's provisional rules of procedure.

There being no objection it is so decided.

At the invitation of the President, Mr. Šimonović (Croatia) took a seat at the Council table; Mr. Kastrup (Germany) and Mr. Vento (Italy) took the seats reserved for them at the side of the Council Chamber.

The President: the Security Council will now begin its consideration of the item on its agenda. The Security Council is meeting in accordance with the understanding reached in its prior consultations.

Members of the Council have before them the report of the Secretary-General on the United Nations Mission of Observers in Prevlaka, document S/1999/1302.

Members of the Council also have before them document S/2000/10, which contains the text of a draft resolution submitted by Canada, France, Germany, Italy, the Netherlands, the Russian Federation, the United Kingdom of Great Britain and Northern Ireland and the United States of America.

I should also like to draw the attention of the members of the Council to the following documents: S/2000/8, letter dated 10 January 2000 from Croatia addressed to the President of the Security Council; and S/1999/1278, letter dated 24 December 1999 from the Federal Republic of Yugoslavia addressed to the Secretary-General.

It is my understanding that the Security Council is ready to proceed to the vote on the draft resolution (S/2000/10) before it. If I hear no objection, I shall put the draft resolution to the vote now.

A vote was taken by show of hands.

In favour:

Argentina, Bangladesh, Canada, China, France, Jamaica, Malaysia, Mali, Namibia, Netherlands, Russian Federation, Tunisia, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America

The President: There were 15 votes in favour. The draft resolution has been adopted unanimously as resolution 1285 (2000).

The Security Council has thus concluded the present stage of its consideration of the item on its agenda.

For those in the gallery, we have just been discussing the extension of the United Nations force in Prevlaka peninsula in Croatia, on the edge of where Croatia, Yugoslavia, Albania and Bosnia all meet, a very sensitive area. This resolution will ensure the continuation of stability in that area. So, what you have just seen is important for preserving peace.

The meeting rose at 10.45 a.m.